

Jesse Brown Veterans Affairs Medical Center Clinical Psychology Internship

Internship Information (2022–2023)



Photo of Jesse Brown VA Medical Center building exterior



Photo of boats in Lake Michigan and the Chicago skyline on a summer day

The **Jesse Brown Veterans Affairs Medical Center (JBVAMC)** is located two miles west of the Loop, Chicago's central downtown district. It is part of Chicago's Illinois Medical District, the nation's largest urban medical district, which also includes Rush University Medical Center, the John H. Stroger Hospital of Cook County, and the University of Illinois at Chicago Medical Center. JBVAMC includes a 200-bed acute care facility and has four satellite outpatient clinics. JBVAMC serves approximately 51,000 Veterans per year and has approximately 2800 employees. More information about the medical center can be found at its website, <http://www.chicago.va.gov/>.

Academic Affiliation

JBVAMC is affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University's Feinberg School of Medicine. Approximately 250 medical residents and 300 medical students rotate through the medical center each year, receiving training in medicine, surgery, psychiatry, neurology, dentistry, radiology, orthopedics, and more. Additionally, students from nearby academic institutions receive training at the medical center in disciplines such as psychology, nursing, pharmacy, social work, and audiology. Moreover, JBVAMC is a competitive practicum site in the Chicago area, drawing extern applicants from fifteen local American Psychological Association (APA)-approved clinical and counseling psychology programs.



Photo of the Willis Tower and surrounding buildings in Chicago

Accreditation Status

The JBVAMC Clinical Psychology Internship Program is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association and adheres to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our last completed accreditation review commenced in 2012, and we obtained full accreditation through 2020, the maximum period that could be granted to an internship setting. We are currently in the process of seeking re-accreditation, the timeline of which has been delayed due to the COVID-19 pandemic. We expect to have our site visit in 2021 or 2022 (date to be determined by the CoA). Our program will remain fully accredited and in good standing throughout the delay. Accreditation documentation may be viewed upon request. APA accreditation has been maintained continuously since our first accreditation in 1979. More information on accreditation is available from the CoA of the American Psychological Association.

The address is:

Office of Program Consultation and Accreditation
Education Directorate,
American Psychological Association
750 First Street NE
Washington, D.C. 20002-4242
202-336-5979
www.apa.org/ed/accreditation



Photo of Chicago skyline at sunset taken from Lake Michigan

Nondiscrimination Policy & Diversity Statement

The JBVAMC Psychology Training Programs abide by APPIC's policy on nondiscrimination: "Training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." The JBVAMC Psychology Training Programs adhere to Federal Executive Order 13160, "Nondiscrimination on the Basis of Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs." In addition to abiding by these non-discrimination policies, the Psychology Training Programs strongly seek and value individuals with diverse experiences and backgrounds as the foundation of a rich training environment. Our program emphasizes respect for trainees, staff members, and patients representing all forms of diversity, and prohibit discrimination based on the aforementioned identities as well as gender identity, marital status, socioeconomic status, Veteran status, indigenous heritage, and political affiliation. All applicants are entitled to equal treatment in the selection process and freedom from discrimination and harassment. The Psychology Training Programs seek to obtain trainees that represent diverse identities. Individuals with minoritized identities are strongly encouraged to apply. Jesse Brown VA is an Equal Opportunity Employer and our Psychology Training Programs follow all institutional guidelines in this regard.

Chicago Location

Chicago is the third largest metropolitan area in the United States. Chicago is a hub of arts, offers year-round cultural activities, is the home of world-famous architecture, and has dozens of annual festivals. The music and food scene are especially robust. Jesse Brown VAMC is convenient to expressways and public transportation, including buses and trains that offer transportation to and from our building within blocks of its entrance. Further information about Chicago is available at www.CityofChicago.org.



Photo of fireworks at night over the Chicago skyline taken from Lake Michigan

JBVAMC's Patient Population

A Veteran is defined as anyone who has served in the Armed Forces, whether during wartime or peacetime. Veterans commonly eligible for VA services include older Veterans, combat Veterans, disabled Veterans, any Veteran who has experienced a military sexual trauma, OEF/OIF/OND Veterans, and indigent Veterans with honorable, general, or medical discharges

JBVAMC serves approximately 62,000 Veterans who reside in the city of Chicago and Cook County, Illinois as well as four counties in Northwest Indiana. We serve a combination of urban, suburban, and rural populations. JBVAMC serves the fourth highest percentage of Black/African American Veterans among VA hospitals nationally, with 47% of our Veterans identifying as Black/African American. While the majority of the Veterans served by JBVAMC identify as men who are 55 years of age or older, we also serve a growing number of women-identified and younger Veterans and a growing number of self-identified sexual and gender minority Veterans. The Veterans we serve often have co-occurring medical and psychiatric concerns and experience significant psychosocial stressors in one or more domains in their lives, such as economic, environmental, and/or relational. Common diagnoses include depression, anxiety

disorders, combat trauma, sexual trauma, race-based stress and trauma, bipolar disorder, psychosis, and substance use disorders.

The Psychology Setting

There are over 45 doctoral-level clinical psychologists at JBVAMC. Some of the psychology supervisors have faculty appointments in the Department of Psychiatry at the University of Illinois College of Medicine at Chicago or at Northwestern University's Feinberg School of Medicine, and a growing number of the psychologists are board certified.

The psychology training program at JBVAMC also has a longstanding practicum (externship) program for doctoral level graduate students in psychology. Each year, up to 11 externs participate in this program, which typically runs from July to June. Externs receive supervised training in one or two focal clinics, such as the Day Hospital Program, Inpatient Psychiatry, the PTSD Clinic, the M2VA Clinic for Post-9/11 Veterans, the Addiction Treatment Program, and the Drug Dependence Treatment Clinic.

JBVAMC also has a postdoctoral fellow training program based on an interprofessional education model. This program commenced in 2014 with a two-position, one-year track focusing on the assessment and treatment of posttraumatic stress disorder, pain, and substance use disorders. In the fall for 2015, a one-position, second track commenced focusing on severe mental illness.

Please see the "Academic Affiliation" section for information about non-psychology training that occurs at JBVAMC.

COVID-19 Related Changes

The COVID-19 pandemic has led to numerous changes since March 2020. While we cannot predict how COVID will continue to shape our work, our environment of care, and our lives, we can say with confidence that the safety of our trainees, staff, and the Veterans we serve, is our top priority. We are consistently working with hospital and national level leadership to follow public health, vaccination, facility safety, and social distancing guidelines, and we are proactively communicating with trainees in real-time as new information and developments become available. With regard to the 2022-2023 training year, we do not anticipate any significant changes to our foundational clinical rotations and training opportunities. We do anticipate that at least some of our clinical services will remain delivered via telehealth, and some of our meetings will likely maintain a virtual attendance option when in-person attendance is not feasible. Additionally, interviews for the 2022-2023 training year will be virtual. We will continue to modify our public materials as new changes become available, and we appreciate your significant patience and flexibility throughout this time.

Training Model and Program Philosophy

The Department of Veterans Affairs employs more psychologists and trains more psychology interns than any other American institution. We are proud to be part of the training mission of the VA. The training philosophy of the JBVAMC psychology internship program is as follows:

- **Scientist-Practitioner Model:** We adhere to a scientist-practitioner model of clinical training. In supervision, interns share their decision-making processes, formulate a course of action using their scientific knowledge of psychology, follow through with decisions, and critique the results of interventions. Staff members refer interns to appropriate professional research and writings so that interns become aware of the empirical validity for the treatments that are provided. Empirical and scholarly writing is provided in the seminars for the interns. Interns present their own research to psychology externs in our externship seminar and are have up to four hours per week to work on their dissertations or other research interests. Some staff members are involved in research or scholarly writing, and interns have presented at conferences or have published articles during their time with us.

- **Cultural and Systems Competence:** Interns assess the patient's social system, which includes the patient, the family, cultural identities, and the community. Also, interns negotiate the patient's treatment system, including the treatment team, and other programs at the medical center. Interns are trained to provide culturally sensitive, recovery-oriented mental health service delivery to urban, racial, and ethnic minority populations.

- **Developing and Respecting Intern Autonomy:** Interns enter our training program with diverse backgrounds—clinical, academic, and personal. We respect and encourage varied interests and psychotherapeutic orientations. Interns' responsibilities and autonomy grow as the training year progresses. By the end of the internship, our interns operate with a high degree of professional autonomy; our interns are respected professionals in the medical center. Interns continue to gain expertise in their personal interest areas and to broaden their training. Interns choose their own training experiences with guidance from mentors as needed. Upon graduation, our interns have achieved the level of competence needed to practice autonomously in some areas of psychology. Also, they are ready for entry-level work in any setting that provides comprehensive psychological services to adults, including medical centers, community agencies, and outpatient clinics, whether in the public or private sector.

- **Mentoring the Whole Intern:** During the internship, interns face two other important tasks: finishing the dissertation and finding employment or a postdoctoral fellowship. Our staff members encourage and monitor the interns' progress in these areas, providing guidance as needed. We strictly limit the internship to 40-45 hours per week so that interns have time to complete these other tasks, to spend time with their families, partners, and friends, and to pursue personal interests. We help interns learn the professional coping skills needed to successfully pursue the full-time clinical work of the internship year.

• **Placing Training Above Service Delivery and Revenue Generation:** At the beginning of the training year, the training director systematically assesses each intern's training needs for the year, taking into consideration each intern's prior academic experiences, practicum experiences, academic program's feedback, and self-assessment of their training needs, in light of the availability of resources to meet those needs. This process is designed to assure that fulfilling these training needs remains the paramount consideration of the program. At no time will interns' needs for clinical training be subordinated to the agency's need to generate revenue nor will it substitute for the delivery of services by the staff. The interns' service delivery activities are predominantly learning oriented because they involve opportunities for clinical exposure, experiential learning, discussion and application of clinical intervention, and supervision.

Supporting Intern Wellness: The JBVAMC internship program recognizes the benefit of personal psychotherapy for all mental health professionals, including psychology trainees. We support the decision to seek therapy as a personal one and the program rarely requires the disclosure of personal information. Still, some interns do find it helpful to volunteer personal information in supervision when discussing countertransference issues. Disclosure of personal information is only required when it is needed to evaluate or obtain assistance for a student whose personal problems are preventing the student from performing professional activities competently, or whose problems are posing a threat to the student or others.



Photo of fall foliage in Graceland Cemetery in Chicago

Training Program Overview

The Jesse Brown VAMC Psychology Internship Program's training model encompasses both experiential and didactic components. The internship program's supervising staff provide intensive training experiences to pre-doctoral psychology interns within a scientist-practitioner model. A mentor or apprentice model is employed, reflecting our belief that clinical skills are best developed through close supervision, modeling, and guidance from experienced clinical psychologists. Clinical training occurs within the context of specific program areas or "rotations." During each rotation, interns develop clinical skills in areas of assessment, consultation, and/or treatment, among others, with attention to the specific needs of the population at hand. Supervising staff teach empirically validated treatment modalities and integrate graduated levels of clinical skills and clinical responsibilities throughout the intern's rotation to assure the intern's knowledge, skills development, and general professional growth. Whereas some of our staff members are involved in direct research, all staff members are dedicated to educating interns within a scientist-practitioner model. Rather than focusing on any one specific theoretical orientation, interns are encouraged to develop critical thinking skills and sound theoretical conceptualization skills, while integrating scientific and scholarly knowledge with current practice. Interns learn the value of various interventions and conceptualizations and exercise flexibility in the delivery of their clinical services. All interns are required to attend seminars that cover professional topics selected to enhance skills in treating the Veteran population, as well as to provide breadth to the training experience. Professional development is reinforced and honed through individual supervision, group supervision, mentorship, and specific seminar topics. Pertinent articles are presented or discussed to encompass current research, theoretical issues, and empirically validated research and to increase awareness of current clinical and sociopolitical trends in the field of psychology. An appreciation of the cultural strengths and heritage of military or Veteran populations is encouraged.



Photo from within Garfield Park in Chicago

Program Goals, Objectives, and Competencies

The goal of JBVAMC's internship program is to help interns develop their skills in the discipline of psychology with a particular focus on a set of seven objectives. These objectives are enumerated below; specific competencies that interns are expected to develop over the training year are nested within each objective. (Please see "Supervision and Evaluation" below for a description of how mastery of these competencies is measured and evaluated within the program.)

Objective: Competence in Professional Conduct, Ethics and Legal Matters

Competency: Professional Interpersonal Behavior—Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.

Competency: Seeks Consultation/Supervision—Seeks consultation or supervision as needed and uses it productively.

Competency: Uses Positive Coping Strategies—Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

Competency: Professional Responsibility and Documentation—Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

Competency: Efficiency and Time Management—Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

Competency: Knowledge of Ethics and Law—Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.

Competency: Administrative Competency—Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

Objective: Competence in Individual and Cultural Diversity

Competency: Patient Rapport—Consistently achieves a good rapport with patients.

Competency: Sensitivity to Patient Diversity—Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

Competency: Awareness of Own Cultural and Ethnic Background—Aware of own background and its intersection with clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

Objective: Competence in Theories and Methods of Psychological Diagnosis and Assessment

Competency: Diagnostic Skill—Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification. Utilizes historical, interview and psychometric data to diagnose accurately.

Competency: Psychological Test Selection and Administration—Promptly and proficiently administers commonly used tests in their area of practice. Appropriately chooses the tests to be administered and demonstrates competence in administering these measures.

Competency: Psychological Test Interpretation—Interprets the results of psychological tests used in their area of practice. Demonstrates competence interpreting these measures.

Competency: Assessment Writing Skills—Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

Competency: Feedback Regarding Assessment—Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

Objective: Competence in Theories and Methods of Effective Psychotherapeutic Intervention

Competency: Patient Risk Management and Confidentiality—Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

Competency: Case Conceptualization and Treatment Goals —Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

Competency: Therapeutic Interventions—Interventions are well-timed, effective and consistent with empirically supported treatments.

Competency: Effective Use of Emotional Reactions in Therapy (Countertransference)—Understands and uses own emotional reactions to the patient productively in the treatment.

Competency: Group Therapy Skills and Preparation—Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

Objective: Competence in Scholarly Inquiry and Application of Current Scientific Knowledge to Practice

Competency: Seeks Current Scientific Knowledge—Displays necessary self-direction in gathering clinical and research information independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

Competency: Develops and Implements Research Plan—Develops and implements plan for research or other professional writing or presentation.

Competency: Theories and/or Methods of Evaluation—Demonstrates good knowledge how to appropriately evaluate programs of intervention with regard to processes and outcomes.

Objective: Competence in Professional Consultation

Competency: Consultation Assessment—Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

Competency: Consultative Guidance—Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

Objective: Competence in Supervision

Competency: Supervisory Skills—Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.



Photo of a community garden with buildings in the background in Chicago

Program Tracks

The Jesse Brown VAMC's training program anticipates 6 interns for the 2022–2023 training year:

General Track—3 positions

The three **General Track** interns choose two-three major and two-three minor rotations of four or eight months each. See rotation descriptions for specific training opportunities.

Specialty Track: Neuropsychology —1 position

Specialty Track: Health Psychology—1 position

The Neuropsychology and Health Psychology interns have fixed major rotations for the year; however, the training philosophy of our psychology internship strongly supports breadth of training for all interns.

Acute Crisis Track—1 position

The Acute Crisis Intervention track focuses on generalist psychological training specifically within clinics that are likely to be addressing issues of acute psychopathology, including severe mood symptoms, severe trauma reactions, suicidality, and active psychosis. A majority of the intern's time will be spent rotating through clinics where patients experiencing these issues are likely to be cared for, including Inpatient Psychiatry, the Day Hospital Program, the Psychosocial Residential Rehabilitation Treatment Program, and the Psychosocial Rehabilitation and Recovery Program.

Program Structure and Clinical Rotations

Each rotation is supervised by at least one psychology staff member who is based in that specific program area. The general training structure is outlined below and adjusted to meet the training needs of interns.

******Please note that the rotation options described in this brochure are subject to change depending on the availability of staff supervision. Similarly, the exact content of each rotation is subject to change in response to supervisory availability and changing demands on the overall training curriculum.******

Structure

With regard to major rotations, the internship is generally divided into three four-month rotations (roughly July-October; November-February, March-June) for the General Track and Acute Crisis Intervention interns and two six-month rotations (roughly July-December, January-June) for the Health and Neuropsychology Track interns. Regardless of track, minors are likely to adhere to four or eight month schedules.. At any given time, interns participate in a training structure approximating the following schedule:

- 1 Major Rotation (approximately 20 hours per week, including 1 hour of supervision)
- 1 Minor Rotation (approximately 6-8 hours per week, including 1 hour of supervision)
- 1 Group Psychotherapy (1 hour per week, plus 30 minutes of supervision), if not equivalently covered in other rotational assignments
- About 4 Individual Psychotherapy Cases (4 hours per week, plus 1 hour of supervision)
- Intern Seminars (approximately 3 hours per week)
- Intern Group Supervision (1 hour per week)
- Dissertation and/or Personal Research (up to 4 hours per week)

This structure yields a total of approximately 40 hours/week. The exact numbers of hours outlined above and described elsewhere in the handbook vary from these depending on the combination of experiences established for an intern. However, our training site believes that it is important for interns to maintain balanced schedules and that training that has both breadth and depth can be optimally achieved by adhering to a 40-hour work week. Thus, we largely discourage interns from significantly surpassing this 40-hour threshold without clear justification and approval by the Director of Training.

Major Rotation Options

Each major rotation has approximately 20 hours per week dedicated to it and typically lasts four months for General Track and Acute Crisis Intervention interns and six months for Health Psychology and Neuropsychology track interns. General Track interns select two-three major rotations based on their training interests and needs, in consultation with

the Director of Training. For Specialty Track interns, their area of specialization is their major rotation throughout the year. An average of 1-2 hours of weekly supervision is provided per major rotation. Examples of major rotation options include the following:

- **Neuropsychology**- Neuropsychology interns do this as their major rotation throughout the year, and we currently do not offer a Neuropsychology rotation to anyone other than the Neuropsychology intern
- **Health Psychology** (The Health Track intern does this as their major rotation throughout the year; the content of this rotation varies and may include health psychology subspecialty programs including the Pain Clinic, Home-Based Primary Care, the MOVE! Program, Health Promotion-Disease Prevention, and Primary Care Mental Health Integration.)
- **Day Hospital Program**
- **PTSD Program (8-months)**
- **Primary Care Mental Health Integration (PCMHI)**
- **Addiction Treatment Program (ATP)/Drug Dependency Treatment Clinic (DDTC)**
- **Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)**
- **Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**
- **Outpatient Mental Health Clinic**
- **Whole Health**

Minor Rotation Options

The minor rotations typically include 6-8 dedicated hours per week and last four months, regardless of the intern's track, although six- and eight-month rotations lengths can also occur, pending supervisor availability and Director of Training approval. They provide an opportunity for interns to acquire greater breadth in their training. At least one hour of weekly supervision is provided per minor rotation. Examples of minor rotation options include the following:

- Mental Health Recovery
- Home-Based Primary Care
- Clinical Video Telehealth
- Mental Health Systems Redesign
- Psychology Training Administration

In order to meet their individual training needs, interns may also seek to combine experiences around JBVAMC to construct their own minor rotations, in cooperation with the Director of Training and the psychology staff.

Group Therapy Options

There are a wide range of groups available. In addition to those listed below, interns may participate in the formation of new groups. In the past, interns have sometimes elected to

participate in more than one group. Options for delivering group therapy will often exist within major and minor rotations. The requirement to participate in group therapy described in the Structure section above may be satisfied should the intern's major and minor rotations already have a group therapy component substantial enough to provide depth of experience in this modality of treatment delivery. Supervision is provided for 30 minutes per week when a group-therapy option is completed as a stand-alone rotation. Examples of group therapy options from the recent past include the following:

- Combat-Related PTSD
- Military Sexual Trauma-Related PTSD
- Race Based Stress & Trauma Empowerment
- Battle Body Retraining with OEF/OIF/OND Veterans
- CPAP Adherence Group
- Transgender Support Group
- ACT for Chronic Pain

Individual Psychotherapy Cases

In addition to psychotherapy provided in the context of the major and minor rotations, interns carry an average caseload of four weekly or biweekly cases for outpatient individual therapy. One hour of weekly individual supervision is provided for this training experience with a supervisor who the intern will be paired with for the entire training year. At the start of the training year, interns will meet all of the available yearlong supervisors and then prioritize the supervisors with whom they would like to work, often based on such factors as the supervisor's theoretical orientation, clinical assignment, areas of expertise, and individual identities. The long-term supervisors are interested in supporting the development of the intern's clinical skills and professional development throughout the training year.

The Seminar Series

Interns attend weekly seminars focused on issues of diversity, professional development, and evidence-based treatments. A sample of seminars from the 2021-2022 training year is as follows:

- Military Service and Culture
- Deployment and Homecoming
- Women Veterans
- Military Sexual Trauma
- The Reality of Racism
- Mental Health Care with American Indian and Alaskan Native Veterans
- LGBTQ+ Veteran Health Care
- Geropsychology
- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- Psychodynamic Treatment Series
- Acceptance and Commitment Therapy
- Motivational Interviewing

- Suicide Prevention
- Threat Assessment/Workplace Violence Prevention
- Program Evaluation
- Professional Development Panel: Careers in and out of VA
- CV Revision for Job/Postdoctoral Fellowship Search
- Cover Letters and Letters of Recommendation Review/Revision
- Job/Postdoctoral Fellowship Interviewing

Committee & Meeting Participation

Interns will attend the monthly Psychology Diversity Committee meetings and are encouraged to contribute to the action items of this committee. Interns will also attend the monthly Psychology Staff Meeting and the various team meetings aligned with their clinical rotations. Finally, interns are invited to join hospital-wide committees such as the Jesse Brown for Black Lives Task Force, the LGBT Health Care Workgroup, as well as Employee Town Halls as scheduled.

Mental Health Journal Club

Interns and interested mental health staff members meet monthly to read and discuss selected articles on various topics related to mental health. Interns are encouraged to volunteer to facilitate a journal club session on a topic interesting to them.

Dissertation and/or Research

Although the focus of the internship is the development of the clinical skills of the intern, all interns who have not completed their dissertations are encouraged to schedule up to 4 hours per week for that purpose. If the dissertation is completed, these hours can be devoted to other clinical or research interests. There may be some limited opportunities for research involvement or co-authorship of papers or posters with internship program staff members.

Other Professional Development Activities

Interns are invited to attend additional trainings within and outside of JBVAMC throughout the year, if interested and as schedules permit. Each intern makes two formal presentations during the training year. One presentation of approximately 60 minutes in length, including discussion, is given at the end of the training year to the internship class and other invitees about the findings from the intern's program evaluation project. Another presentation, approximately 60 minutes in length, should be about a research or practice issue of the intern's choice, to be presented to the psychology extern cohort.

GENERAL TRACK AND ACUTE CRISIS INTERVENTION TRACK MAJOR AND MINOR TRAINING ROTATIONS

ADDICTIONS TREATMENT PROGRAMS and DRUG DEPENDENCY TREATMENT PROGRAMS—major or minor rotation option for all interns

Supervisors: **Rollin Socha, Psy.D., Program Manager, Drug Dependence Treatment Center,** rollin.socha1@va.gov
Grant White, Psy.D., Program Manager, Addictions Treatment Program, grant.white@va.gov

I. Addictions & Dual Diagnosis Major Rotation:

Background: Major rotations are 20 hours per week and are available to General Track Interns. The Addictions Major Rotation provides the intern a broad experience with several psychologists. Dr. Rollin Socha is Program Manager of the Drug Dependence Treatment Center (DDTC), where he has administrative and clinical responsibilities. Prior to joining the VA, Dr. Socha worked as a clinician and an addictions program administrator at the Saginaw VA. Dr. Grant White is Program Manager of the Addictions Treatment Program (ATP), where he has administrative and clinical responsibilities. Dr. White has 35 years' experience working in Addictions and is also a U.S. Air Force retired Veteran.

Interns are required to participate in all three components of the Addictions & Dual Diagnosis Major Rotation.

a. Addictions Central Intake (ACI): ACI evaluates patients for the three addictions programs at Jesse Brown. Intake includes a structure interview that is fully computer based. The interview utilizes Evidence Based Treatment principles that include: addiction history, psychiatric history, suicide risk assessment, violence risk assessment, mental status exam, and screenings for PTSD, affective disorders and psychosis. An emphasis on Motivational Interviewing is also included to enhance the likelihood of the patient engaging in treatment. Interns schedule 3 ACI intakes per week. Supervised by Dr. Socha.

b. Group Psychotherapy: Interns are co-therapists in at least two of the groups and may take the lead in another. Each group is one hour, followed by supervision after the group. Interns also document patient progress in the groups.

1. Dual Diagnosis Engagement Group, Mondays, 9:00-10:00, is designed for patients who are new to treatment or who are returning to treatment after an absence. Based upon the Stages of Change model of Prochaska and DiClemente, the Dual Diagnosis Engagement Group provides a forum to discuss their psychiatric symptoms, learn about diagnosis and treatment, and prepare for further rehabilitation as treatment progresses.

2. Dual Diagnosis for Depression, Tuesdays, 10:30-11:30, is an EBP group that uses manualized treatment for depression. The program consists of two well-documented treatment approaches. One offering consists of consecutive 12-week installments of Mind

Over Mood, a CBT manual. A second intervention is Acceptance and Commitment Therapy for Depression, based on Stephen Hayes' Get Out of Your Mind and You're your Life. There is a possibility we will add a five-component on resilience, based on Well Being, a book from researchers at the Gallup Organization.

3. Emotions Management, Thursdays, 6:00-7:00 p.m.,(currently on hold due to COVID) utilizes a cognitive-behavioral framework to help patients deal with the emotions that are most likely to lead to relapse. Managing anger, coping with grief and loss, and managing guilt and shame are the most frequent topics discussed.

4. Motivational Enhancement Group – Principles of MET are used in this EBP group that uses converted manualized treatment for Veterans in their first month of treatment. This group utilizes the techniques developed by William Miller and Stephen Rollnick. This group meets on Monday morning 10:30 a.m. to 11:30 a.m.

5. Relapse Prevention Group - This group assists patients in developing skills to resist cravings and avoid people, places, things and situations that trigger relapse. Information regarding various 12 step and the importance of sponsorship are also presented.

6. 12 Step Facilitation (TSF) Is an evidence-based approach that together with active involvement in a 12 Step group helps programs individuals succeed as they move from treatment into recovery.

c. Individual Psychotherapy: Supervised by Dr. Socha & Dr. White (minor rotations) Psychology Interns see 3-5 patients in individual therapy. The patients are already enrolled in Outpatient Drug Dependence Treatment Center and have problems for which therapy is indicated. The rotation includes patients with mood, anxiety, and disorders. The emphasis is on Evidence Based Treatment modalities, especially Cognitive Behavior Therapy.

II. Addictions & Dual Diagnosis Minor Rotation:

Background: Minor rotations are approximately 6 hours per week and are available to all interns. Interns are required to participate in both components of the Addictions & Dual Diagnosis Minor Rotation.

a. Addictions Central Intake (ACI): See the description above. Interns in the Addictions & Dual Diagnosis Minor Rotation schedule 2 ACI intakes per week. Supervision is by Dr. Socha.

b. Group Psychotherapy: See the description above. Interns are co-therapists in three of the groups. Supervision is by Dr. White.

III. Year-Long Group Therapy Rotation

Background: The year-long group therapy rotation is available to General Track, Health Psychology Track and Neuropsychology Track Interns. Options are for 12 months in one group, 6 months in one group and 6 in another, or 4 months in each of the three groups described above (Dual Diagnosis Engagement, Dual Diagnosis for Depression and Emotions Management).

DAY HOSPITAL PROGRAM—major rotation option for General Track and Acute Crisis Track interns

Supervisor: John Mundt, Ph.D., john.mundt@va.gov

The Day Hospital Program (DHP) is an intensive partial hospitalization program. Under normal circumstances, 14 to 16 patients attend four to six hours a day, five days a week. Activities include group and individual therapy, creative arts therapy, emotions management training, relaxation training, recreational activities, and some structured learning experiences. The emphasis is on acute (usually four to six weeks in length) management of crises or transitions, with considerable psychoeducation regarding more chronic conditions. The DHP is a general mental health program, but the modal diagnosis is PTSD, and therapy for trauma is central to most patients' treatment. At any given time, the majority of patients in the program are recently returned Veterans of Iraq and Afghanistan; many are female. In addition to PTSD, the range of diagnoses regularly treated includes severe personality disorders, dual diagnoses, schizophrenia and other psychoses, and affective disorders. Referrals to the program are characterized by an acute need for therapy and psychosocial stabilization that requires more powerful interventions than once-a-week outpatient treatment, but not necessarily hospitalization.

The Day Hospital staff include a psychologist, psychiatrist, social worker, and clinical nurse. Psychiatry residents and social work interns, as well as psychology interns and practicum students, round out the team and play an active role in the therapeutic milieu and staff meetings. Daily staff conferences allow for program planning and patient and group process review.

The intern co-leads between 7-8 therapy groups each week, including one of the three intensive therapy groups that meets three times weekly. Trainees also participate in milieu therapy and case discussions/presentations. The rotation also affords opportunities for couples and family sessions as well as occasional community trips (e.g., going to court, home visits). The intern is the primary case manager for one or two patients at a time and provides intensive time-limited psychotherapy and case management for them.

SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT PROGRAM (SARRTP)—major or minor rotation option for General Track interns

**Supervisors: D. Ryan Hooper, Ph.D. ABPP, david.hooper2@va.gov
Dawn Brown, Ph.D., dawn.brown1@va.gov**

The Substance Abuse Residential Treatment Program (SARRTP) provides an extended opportunity for Veterans struggling with substance abuse and co-occurring mental health issues to stabilize in their recovery. Interns can elect to complete a major rotation (20 hours per week) or minor (6 hours per week).

SARRTP is a 21-day, 20-bed residential program for Veterans who primarily struggle with substance dependence issues but may also have additional mental health issues (e.g.,

Major Depressive Disorder, PTSD). Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote healthy lifestyle change. Individual therapy often focuses on developing coping skills, helping Veterans manage symptoms of depression, PTSD, and/or anxiety, or address motivational concerns. Consultation is often conducted with inpatient psychiatry, medical teams, or other substance abuse treatment programs. Characteristics of the rotation include the integration of motivational interviewing (MI) and MI principles in various applications, exposure to MI training and staff consultation, facilitation of group therapy, exposure to vocational development for Veterans, and the opportunity to be a part of integrative care treatment teams.

An intern working in this program would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. Current therapy groups include ACT, CBT for relapse prevention, and a shame resilience group (RIVERS) based on the work of Brené Brown. Supervision would focus on the therapeutic relationship and developing intervention skills.

Description of Training Opportunities: Rotation participants will have the opportunity to participate in individual psychotherapy sessions, psychosocial evaluations, and group interventions.

- a. Individual Therapy: Trainees will have the opportunity to learn and implement components of CBT-SUD and Motivational Interviewing within the context of intensive residential treatment for individual clients.
- b. Psychosocial Evaluations: Trainees will actively utilize Motivational Interviewing and diagnostic interviewing skills in order effectively evaluate SUD clients referred to SARRTP. This will include developing skills in eliciting motivation for treatment while also leveraging clients to begin the process of lifelong change.
- c. Group Sessions: Drs. Hooper and Brown lead a variety of programs in group format designed to address SUD and co-occurring mental health issues including Cognitive Behavioral Therapy for Substance Use Disorder (CBT-SUD) and Acceptance and Commitment Therapy (ACT).

**PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT
PROGRAM (PRRTP)—major or minor rotation option for General Track interns**

Supervisor: Dawn Brown, Ph.D., dawn.brown1@va.gov

The Psychosocial Residential Rehabilitation Treatment Program (PRRTP) provides an extended opportunity for Veterans struggling with severe mental health issues to stabilize in their recovery. Interns can elect to complete a major rotation (20 hours per week) or minor (6 hours per week).

PRRTP is a 28-day, 10-bed residential program for Veterans who are experiencing a variety of mental health diagnoses including Bipolar Disorder, PTSD, Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, and substance use disorders. The program provides individuals with mental health and medical treatment, structure, and support to address significant psychosocial stressors, including homelessness, chronic medical conditions, and unemployment. The PRRTP treatment team encourages and facilitates the active rehabilitation of Veterans in the program by providing opportunities for education, skills training, peer support, community linkage, and the coordination of services with other VA providers. Consultation is generally conducted with inpatient psychiatry, medical teams, or other treatment programs. Characteristics of the rotation are the integration of one's theoretical orientation to individual sessions with patients, experience in group therapy, exposure to vocational development for Veterans, and the opportunity to be a part of an integrative care treatment team.

An intern working in this program would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, and case management in a residential setting. Current therapy groups include DBT, , ACT, and a shame resilience group (RIVERS) based on the work of Brené Brown . Supervision would focus on the therapeutic relationship and developing intervention skills.

RESIDENTIAL MENTAL HEALTH TREATMENT—major rotation option for General Track interns

Supervisors: Dawn Brown, Ph.D., dawn.brown1@va.gov
D. Ryan Hooper, Ph.D. ABPP, david.hooper2@va.gov

The Substance Abuse Residential Treatment Program (SARRTP) and the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) provide an extended opportunity for Veterans struggling with substance abuse and/or mental health issues to stabilize in their recovery. Interns can elect to complete a major rotation (20 hours per week) or minor (6 hours per week).

SARRTP is a 215-day, 20-bed residential program for Veterans who primarily struggle with substance dependence issues but may also have additional mental health issues (e.g., Major Depressive Disorder, PTSD). Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote healthy lifestyle change. Individual therapy often focuses on developing coping skills, helping Veterans manage symptoms of depression, PTSD, and/or anxiety, or address motivational concerns. Consultation is generally conducted with inpatient psychiatry, medical teams, or other substance abuse treatment programs. Characteristics of the rotation include the integration of motivational interviewing and MI principles in various applications, exposure to MI training and staff consultation, facilitation of group therapy, exposure to vocational development for Veterans, and the opportunity to be a part of integrative care treatment teams.

SARRTP is a 21-day, 20-bed residential program for Veterans who primarily struggle with substance dependence issues but may also have additional mental health issues (e.g.,

Major Depressive Disorder, PTSD). Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote healthy lifestyle change. Individual therapy often focuses on developing coping skills, helping Veterans manage symptoms of depression, PTSD, and/or anxiety, or address motivational concerns. Consultation is often conducted with inpatient psychiatry, medical teams, or other substance abuse treatment programs. Characteristics of the rotation include the integration of motivational interviewing (MI) and MI principles in various applications, exposure to MI training and staff consultation, facilitation of group therapy, exposure to vocational development for Veterans, and the opportunity to be a part of integrative care treatment teams.

(PRRTP is a 28-day, 20-bed residential program for Veterans who are experiencing a variety of mental health diagnoses including Bipolar Disorder, PTSD, Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, and substance use disorders. The program provides these individuals with mental health and medical treatment, structure, and support to address multiple psychosocial stressors, including homelessness, chronic medical conditions, and unemployment. The PRRTP treatment team encourages and facilitates the active rehabilitation of Veterans in the program by providing opportunities for education, skills training, peer support, community linkage, and the coordination of services with other VA providers.

An intern working in these programs would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. Current therapy groups include ACT, CBT, DBT, and understanding mental illness. Supervision would focus on the therapeutic relationship and a shame resilience group (RIVERS) based on the work of Brené Brown.

POST-TRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)—8-month major rotation option for General Track interns

Primary supervisors:

- Kat Cline, Psy.D., Evidence-Based Psychotherapy Coordinator, PTSD Clinic Psychologist Kathryn.Cline2@va.gov
- Ellen Koucky, Ph.D., Military Sexual Trauma Coordinator, PTSD Clinic Psychologist Ellen.Koucky2@va.gov
- Elizabeth “Libby” Stevens, Ph.D., PTSD Clinic Psychologist Elizabeth.Stevens2@va.gov
- Andrea Mosqueda, Ph.D., PTSD-Substance Use Disorder (SUD) Specialist Andrea.Mosqueda@va.gov

Additional PTSD Clinic psychologist staff:

- Justin Greenstein, Ph.D., PTSD Clinic Program Manager, PTSD Clinic Psychologist Justin.Greenstein3@va.gov
- Eric Proescher, Psy.D., M.P.H., PTSD Clinic Psychologist, MH-SERV Outreach Psychologist, Whole Health Champion, Program Manager of VITAL Program,

Alternate Program Manager of Military2VA (M2VA), Mental Health Spokesperson for MHS� Eric.Proescher@va.gov

The PTSD Clinical Team (PCT) is a specialty outpatient treatment program that provides individual trauma-focused psychotherapy to Veterans of all eras who are diagnosed with PTSD due to a traumatic event that they experienced in their lifetime, including combat, sexual assault, accidents, as well as many other events. The primary goals of the PCT are to assist Veterans in reducing their symptoms of PTSD and aiding Veterans in their recovery by helping them toward living the kind of life that they want to have. The method most commonly used to help Veterans reach this goal includes the delivery of evidence-based psychotherapies for PTSD. Some Veterans also engage in medication management with a psychiatrist in the outpatient Mental Health Clinic.

The population served by the Jesse Brown VA Medical Center's PCT has complex needs that often include daily stressors in addition to PTSD. Comorbidity occurs more often than not, and substance use, mood, anxiety, and other disorders are also often diagnosed in addition to PTSD. Rates of poverty, unemployment, and homelessness are high among the client population.

The PCT is an 8-month major rotation option for General Track Interns. Interns working in the PCT are a valued part of the multidisciplinary team that includes psychology, social work, and nursing staff. There are opportunities for interaction and collaboration with other trainees in PCT, including psychology postdoctoral fellows, psychology practicum students, social work interns, and nursing interns. The PCT team typically meets once-a-week with time dedicated to case consultation, trainings, program development, administrative issues, and discussion.

Clinical activities during this rotation are flexible and will involve a discussion with one's supervisor, which is determined at the beginning of the rotation based on one's training goals and supervisor availability.

A basic organizing structure for a typical internship rotation includes the following:

Assessment: Interns conduct approximately 1 or 2 diagnostic assessment interviews per week with new patients referred specifically to the intern. In addition to clinical interviewing, these referrals include opportunities to gain experience using the Clinician-Administered PTSD Scale (CAPS-5) and a variety of self-report measures of psychopathology (e.g. PCL-5, PHQ-9, BAM, etc.).

Individual Psychotherapy: Interns typically carry approximately 8-10 individual cases during their PCT rotation at a given time. Each intern on this rotation will receive training and consultation in evidence-based psychotherapy, including training opportunities in both Prolonged Exposure therapy (PE) and Cognitive Processing Therapy (CPT). The expectation is to complete a minimum of 4 PE cases and 4 CPT cases. There are also opportunities to learn and provide other treatments, including Written Exposure Therapy, Adaptive Disclosure Therapy for moral injury, as well as other trauma-focused

interventions. Ideally, each trainee will gain a diverse experience of working with Veterans of different eras, trauma types, genders, and cultural backgrounds. In addition, there are also opportunities to work with Veterans who are struggling with motivation to change, and to use more basic skill-building and supportive approaches.

Group Psychotherapy: Interns are able to gain a wealth of group psychotherapy experiences during the PCT rotation. Interns may select 2-3 groups during the rotation that they will co-facilitate with another staff member or postdoctoral fellow. Some of these therapy groups include: Anger Management group, Skills Training in Affective & Interpersonal Regulation (STAIR) coping skills group, Moral Injury group, Sleep group, PTSD Symptom Management group, and Seeking Safety group (an intervention intended for clients who are struggling with both PTSD and an active or recent substance use disorder). Interns also have the option of creating their own group in collaboration with a supervisor to add a new offering to assist Veterans who seek services with the PCT.

Supervision: In addition to the above offerings, interns will spend weekly time in supervision for both their individual cases and groups. Depending on the clinical activities, this may involve opportunities to receive supervision from more than one supervisor.

Administration/ Program Development: Time is allotted for progress note documentation as well as elective special projects taken on by the intern, such as learning a new assessment instrument, creating a new group curriculum, having longer session times (e.g. 90-minute sessions to conduct a PTSD assessment or a PE session), or an internship program evaluation project.

In sum: The PCT rotation is an excellent fit for interns who have an interest in assessing and treating PTSD within a Veteran population. We aim to provide high-quality training experiences that will prepare interns for postdoctoral training, work in a VA PTSD clinic setting, and work in more general mental health programs.

INPATIENT PSYCHIATRY—major rotation option for General Track and Acute Crisis Track interns, minor rotation option for all interns

Supervisor: Stephanie Fry, Ph.D., Stephanie.Fry@va.gov

Inpatient Psychiatry Unit rotations allow for an intern to experience working with Veterans who have a variety of presenting problems, including severe mental illness, substance abuse disorders, medical comorbidities, and/or suicidal/homicidal ideation. The average length of stay is about 10 days, so training opportunities focus on short-term interventions, including motivational interviewing. Other training opportunities include conducting psychodiagnostic testing (e.g., objective personality assessment, symptom validity testing) as well as facilitating of a variety of recovery-oriented groups (including EBP groups, such as Social Skills Training and WRAP). Interns will be actively participating as a consultant with the three interdisciplinary teams, which are collaborative in nature, as the unit is supported by staff from nursing, psychiatry, social

work, chaplain service, recreation therapy, and suicide prevention staff members. Interns can see cases that would benefit their training, including Veterans who have post-traumatic stress disorder and personality disorders, along with mood, anxiety, psychosis, and dissociative conditions; many patients have substance use disorders as well. Throughout this rotation, the major emphases will be on 1) assessing the distal and proximal stressors that led to the admission, in the context of a broader biopsychosocial model of understanding of the Veteran, 2) collaborating with the Veteran to identify the most appropriate means for therapeutically addressing the presenting issues, and 3) fostering recovery through well-integrated aftercare planning. We have many resources for follow-up care for our Veterans, including residential care and outpatient treatment, which can be supplemented by work-oriented and other recovery programs.

Description of Training Opportunities:

Rotation participants will have the opportunity to participate in individual psychotherapy sessions, group psychotherapy sessions, assessment, and consultation activities.

- a. Group Sessions:** Interns will lead group psychotherapy sessions and other group sessions (such as the weekly community meeting); there are also many opportunities to provide evidence-based groups, psychoeducational groups, and Yalom-style process groups. The intern may also choose to lead a new group or engage in program development and/or evaluation related to group programming. Focus is on promoting holistic recovery for the Veteran.
- b. Individual Sessions:** Trainees will provide individual psychotherapy to Veterans; the number of Veterans seen each week will depend on the intern's specific training goals. The focus will be on providing short-term therapeutic interventions to best enhance the Veteran's motivation and engagement in aftercare. Specific cases will be assigned based on the intern's training goals (e.g., learning to treat certain diagnoses or presenting conditions).
- c. Assessment:** Formal psychodiagnostic training evaluations can be a part of the intern's experience on this rotation if that is consistent with the training goals of the intern. Testing often includes objective personality assessments, cognitive screeners, and/or malingering testing.
- d. Supervision:** Interns will be provided the opportunity to serve as supervisors in a layered supervision model for externs who train on the inpatient psychiatry unit, if externs are training on the unit at the time of the intern's rotation.
- e. Committee experience:** Interns can participate in the High-Risk Committee (serving Veterans who are at risk for suicide) or the Disruptive Behavior Committee (serving Veterans who engage in disruptive behaviors), if this is a training goal.
- f. Consultation:** Trainees are expected to serve as the psychology expert during interdisciplinary team meetings, giving input about the assessment,

conceptualization, and interventions for Veterans who are receiving care on the unit.

- g. Milieu:** There are a variety of activities in which trainees can participate in overall support of a safe, effective and welcoming milieu. Specific opportunities will depend on the intern's training goals.

GOALS AND TRAINING OBJECTIVES:

1. Become familiar with working on an Inpatient Psychiatry Unit, which includes collaborating with a variety of interdisciplinary professional staff.
2. Assess Veterans in order to formulate case conceptualizations and develop treatment goals in a timely manner to expedite care, taking into account diversity and cultural factors as well as the Veteran's unique set of motivations and commitment to change.
3. Demonstrate proficiency in delivering evidenced-based treatment in both individual and group therapy formats.
4. Increase professional skills in coordinating care with other mental health practitioners on the treatment team, as well as with other providers/committees that serve Veterans throughout the hospital.
5. Develop the ability to communicate clearly and concisely when writing progress and consultation notes.

SUPERVISION:

A minimum of one hour each week for individual supervision will be provided; the supervisor, in addition, is regularly available for consultation [ad hoc supervision] outside of the individual supervision hour. Staff members from other professions also provide consultation, support, and may co-lead groups with other trainees as well, if that is of interest to the psychology intern.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PCMHI)- 6 MONTH MAJOR ROTATION FOR HEALTH PSYCHOLOGY INTERN; 4 MONTH MAJOR ROTATION FOR GENERAL TRACK INTERNS

Supervisors: Dr. Julia Kogan, PsyD; Julia.kogan2@va.gov;
Dr. Keisha Battle, PsyD; Keisha.battle@va.gov
Dr. Elliott Hicks, PhD; Roger.hicks@va.gov

The Primary Care Mental Health Integration (PCMHI) rotation allows trainees to gain valuable experience in behavioral health service delivery in the fast-paced primary care setting working alongside a variety of different disciplines such as physicians, nurses, dietitians, and pharmacists.

The central focus of this rotation is to obtain valuable experience as a functioning member of an interdisciplinary PCMHI team, including 4 psychologists, 3 social workers, a psychiatrist, nurse care manager, and a psych tech. The intern is an integral part of the team and works closely with staff psychologists to provide a wide range of services. The intern will provide curbside consultation and collaborate with primary care providers to provide same-day mental health and behavioral health services for Veterans.

The goal of this rotation is to establish skills in brief assessment (under 30 minutes), deliver targeted, brief psychological interventions, and focus recommendations based on nature of functional impairment. Treatment is brief in nature (4-6 sessions) and focused on evidence-based interventions including brief CBT, motivational interviewing, problem solving therapy, cognitive behavioral therapy for insomnia (CBT-I), mindfulness-based stress reduction, and a variety of other brief treatments with an emphasis on measurement based care. Trainees will develop strong skills in time management and concise note writing in this fast-paced environment.

PCMHI trainees will see a wide range of presenting problems, including mild-moderate anxiety and depression, mild alcohol and substance use, insomnia, relationship issues, grief, and many other concerns. Trainees will also receive training in behavioral medicine interventions that target co-morbid physical and psychological disorders and address varying clinical presentations, including weight concerns, diabetes, sleep apnea, tobacco use, medication non-adherence, and other health conditions that interfere with Veteran's quality of life.

Additionally, the PCMHI intern may have the opportunity to co-facilitate several PCMHI groups, including Relaxation and Stress Less (REST), Healthy Sleep Habits, Healthy Aging, Anger Management, Changing Your Substance Use, and Healthy Living/Lifestyle. Opportunities for PCMHI National Competency Certification may be available depending on availability of regional program.

VETERANS INTEGRATION TO ACADEMIC LEADERSHIP (VITAL) – 4 month major rotation option for General Track Interns; minor rotation option for all interns

Supervisor: Donna Crossman, PhD; Donna.Crossman@va.gov

The VA Veterans Integration to Academic Leadership (VITAL) program's mission is to provide Veterans with world-class health care and improve their overall mental health.

Despite the promise afforded by the Post 9/11 GI Bill, many Veterans with mental health conditions and co-morbidities such as substance abuse or traumatic brain injury experience difficulty in achieving their educational goals. Veterans with disabilities are growing in number on college campuses (Vance & Miller, 2009). However, the American Council of Education (2009) reported that no campuses were planning on expanding services for students with disabilities, which include student Veterans with disabilities (Miller, 2011). Preliminary research suggests that individuals with mental

health conditions may be better able to achieve education goals with the addition of Supported Education services (Rogers et al., 2012).

Interns who select the VITAL rotation will have the opportunity to participate in an innovative psychosocial rehabilitation program, specifically Supported Education (SEd). Psychosocial rehabilitation with a recovery orientation is a broad concept that guides all VHA mental health service delivery (U.S. Department of Veterans Affairs, 2008) and recovery is the stated aim of VHA mental health services. For many Veterans achieving full potential means reaching their education and employment goals which are essential to full reintegration within their communities following demobilization, homelessness, or hospitalization. By supporting participation in the valued social role of student we are thus promoting community integration.

Supported Education services can be provided directly on the college campus and allow VA providers to help student Veterans increase their effectiveness at school and negotiate reasonable accommodations. Supported Education services include identifying educational goals and needs, as well as VA and community resources that will support Veterans' education goals and successful community reintegration.

Overlap between Psychological Services and Community Reintegration Services

There are several psychological interventions that are consistent with community reintegration services. To name just a few, the use of motivational interviewing to enhance interest and confidence for change, the use of cognitive behavioral therapy techniques to identify thinking and behavior patterns that enhance and hinder Veterans' goals, and the use of client centered techniques to convey understanding of the Veterans' worldview and develop rapport. Together with these strategies, the unique aspects of community reintegration services are then added which include the use of assertive outreach and engagement strategies, the provision of community-based services, and the development of relationships with community partners, including schools and other academic institutions..

Target experiences for VITAL intern:

- The VITAL intern will have the opportunity to be trained in Supported Education services and will be able to provide direct services to student Veterans.
- The VITAL intern will learn and acquire experience with the assessments relevant to Supported Education, including vocational interest, value, and skills assessments; assessments of resources and strengths, etc.
- The VITAL intern is required to have 1 hour of supervision weekly with the VITAL psychologist to practice implementation of Supported Education services, review treatment cases and sessions, discuss journal articles and research, and identify professional development goals and opportunities.
- Depending on the intern's level of comfort, and progress through the graduated levels of responsibility, trainee may provide services onsite at various college campuses, with their supervisor on site with them. They may also provide telehealth services to student Veterans at local colleges.

- The VITAL intern may have the opportunity to pursue a program development project on an identified area of interest within the area if their time permits.

Learning Objectives for VITAL Intern:

- 1 Knowledge of current and relevant research of Psychosocial Rehabilitation (PSR) and vocational rehabilitation practices
- 2 Know the definition of PSR and understand concept of recovery
- 3 Ability to work with Veterans to accurately determine and document Veteran's community reintegration goals
- 4 Ability to work with Veterans to accurately determine and document internal and external obstacles to Veteran's community reintegration goals
- 5 Ability to assess Veterans' need and readiness for change
- 6 Ability to integrate Veteran's goals, strengths and obstacles into a treatment agreement and an overall rehabilitation goal
- 7 Skill in assisting Veterans' understanding of their strengths and weaknesses in the context of their community reintegration goals
- 8 Skill in facilitating Veterans' integration into the community through supported education services
- 9 Ability to work effectively with interdisciplinary providers who hold differing therapeutic orientations

WHOLE HEALTH- 4-Month major rotation option for General Track Interns; minor rotation option for all interns

Supervisor: Eric Proescher, PsyD, MPH; Eric.Proescher@va.gov

Whole Health Training: Requirements and Performance Evaluation

The Whole Health training experience at Jesse Brown VA Medical Center is designed to provide psychology interns with a foundation in the discipline of Whole Health and the tools to enhance their ability to empower their patients, especially in the areas self-management using complementary/alternative medicine approaches (e.g., hypnosis and mindful meditation). More general learning objectives of the rotation are provided below.

Whole Health General Learning Objectives

At the end of this rotation, participants will be able to:

- Summarize how Whole Health can be practiced in a variety of clinical settings.
- Demonstrate a foundational knowledge of whole health assessment and counseling procedures to address various lifestyle factors, including physical activity, nutrition, stress management, and other health related domains
- Assess the role of behavior in overall health and become familiar with patient-centered counseling strategies and wellness coaching to facilitate change
- Describe how to improve personal health behaviors and identify the connection of self-care to clinical practice

Required Activities

- Participants will engage in a variety of activities throughout the rotation, including:
- Direct observation of patient care in clinical settings, including sites throughout the VA Healthcare System
- Small group didactic sessions
- Self-directed readings, case studies, and videos
- Using Personal Health Inventory (PHI) in their practice
- Begin to develop skills sets with hypnosis and mindfulness meditation

Performance Evaluation

- Participants' knowledge/skill in Whole Health gained during the required activities of this rotation will be evaluated by:
- Pre/Post multiple choice test of knowledge related to Whole Health
- Pre/Post treatment approach for two clinical case vignettes

CLINICAL VIDEO TELEHEALTH – minor rotation option for all interns (8 hours)

General Mental Health Supervisors:

- Daniel Kim, Ph.D., daniel.kim4@va.gov
- Kathryn Smagur, Ph.D., kathryn.smagur@va.gov
- Matthew Waxler, Psy.D., matthew.waxler@va.gov

Primary Care Mental Health Integration (PCMHI) Supervisors:

- Laura Kupperman-Caron, Ph.D., laura.kupperman-caron@va.gov
- Michael Quant, Ph.D., michael.quant@va.gov

The **VISN 12 Clinical Resource Hub (CRH)** is a telehealth team that serves veterans throughout the Midwest. The goal of the CRH is to provide services to veterans in underserved areas. Interns on this rotation would work with veterans in urban and rural areas from the Jesse Brown VA Community Based Outpatient Clinics (CBOCs). By serving these clinics, interns will augment their cultural competence in supporting a diverse veteran population, with common presenting complaints connected to issues of community violence, low socioeconomic status, unemployment, and racial discrimination. In addition, clinicians serving these sites play a vital role in increasing access to care by helping veterans to engage in telehealth services from their homes or nearby VA CBOCs. This rotation would allow interns to familiarize themselves with VA telehealth technology and learn about clinical and ethical issues unique to providing care through telehealth. The CRH mental health team includes general mental health and PCMHI services. Interns can focus this rotation on either general mental health or PCMHI, depending on their interests and training goals.

The **general mental health** team provides clinical services to veterans with a range of presenting problems, including depression, PTSD, anxiety disorders, anger, substance abuse, insomnia, chronic pain, and interpersonal concerns. Interns on this rotation would

carry a small caseload of individual psychotherapy cases. The primary theoretical orientations of supervisors on this team include psychodynamic, CBT, and ACT. The following evidence-based psychotherapies may be offered: CBT/ACT/IPT for Depression, CBT for Insomnia, CBT/ACT for Chronic Pain, Cognitive Processing Therapy, Prolonged Exposure Therapy, and Skills Training in Affective and Interpersonal Regulation. Additional training opportunities can include couples therapy, biopsychosocial assessment, or developing a telehealth group. Given the range of presenting problems treated in this clinic, the training experiences can be tailored to the intern's interests.

The **primary care mental health integration (PCMHI)** model of care focuses on short-term evidence based treatments to target mild-moderate mood and functional impairments typically within a 3-6 session timeline. PCMHI clinicians also serve as a liaison between primary care and specialty mental health departments and guide patients to higher levels of care as warranted. Additionally, interns may increase their competency in measurement based care, including administration of the C-SSRS and comprehensive suicide risk assessment, and evidence-based practice (e.g., CBT for insomnia, Problem Solving Therapy, Prolonged Exposure for Primary Care).

HOME-BASED PRIMARY CARE (HBPC) ROTATION (8-12 hours)- minor rotation for all intern tracks:

Supervisor: Rosana Vazquez-Alcaraz, Psy.D., Rosana.Vazquez-Alcaraz@va.gov

This rotation may include participation in weekly interdisciplinary team meeting(s) (2-3 hours, Thursday), supervision (1-hour runs concurrent with field work or takes place during commuting time), field work/home visits (4-5 hours), and administrative time (1-2 hours).*

*Interns participating in this rotation will provide psychological services in the homes of our Veterans and should be comfortable doing so in neighborhoods throughout the city. Depending on the intern's level of comfort, and progress through the graduated levels of responsibility, trainee may drive independently to patients' homes. In these cases, interns must have a **valid driver's license** and feel comfortable driving in the city of Chicago (a government vehicle will be provided after completion of VA training requirements). Interns will be expected to maintain regular contact with fleet services in order to request and secure vehicles and purchase gas with a government credit card as needed.

Interns who select the HBPC rotation will have the following training opportunities:

- **Increase sensitivity of diversity issues through the provision of services to Veterans throughout the city of Chicago.** Chicago's neighborhoods represent various diverse communities. The model of HBPC places a strong emphasis in the recruitment of staff from the neighborhoods served by the program. Given this model, a vast majority of the Veterans in HBPC and many of our staff members represent various minority groups. Staff familiarity with community issues that impact patient care makes them well

equipped to advocate for services and programs that will best benefit their patients. Interns in this rotation will have the unique opportunity to learn about diversity issues from both the care team, and their immersion in the communities our Veterans come from. Trainees will learn about the intersectionality of culture and age/generational issues through the course of treatment and assessments of Veterans and their families. Interns will also learn about suggested treatment modifications and recommendations when working with geriatric populations.

- **Provide psychological services in a multidisciplinary/integrated care model.**

The intern will have the opportunity to attend and contribute to weekly team meetings along with other disciplines including geriatric physicians/fellows, nursing, kinesiotherapy, pharmacy, chaplain services, social work, psychiatry, and dietary services. Interns will be expected to collaborate with other disciplines and provide feedback depending on the individual needs of the Veteran being discussed. The HBPC program specifically targets individuals with complex, chronic, and disabling disease. We provide comprehensive longitudinal primary care in the homes of Veterans with the goal of maximizing their independence, increasing their overall quality of life, and assisting families in continuing to provide home care for as long as possible. We also aim to reduce the number of emergency room visits and non-essential hospitalizations.

- **Provide client-centered consultation services to the HBPC care team as needed or requested.** HBPC team members will often depend on the expertise of psychology to aid in addressing concerns or patient issues that require a unique perspective. Members of other disciplines may also request information about a particular mental health-related issue and solicit guidance on how to best interact with a particular Veteran. Interns will be asked to provide one educational "in-service" for non-mental health staff members in order to help facilitate the learning and growth of team members.

- **Conduct initial assessments with patients newly admitted to the HBPC program.** The intern will meet with newly admitted patients in their homes to perform an initial assessment. The assessment includes a screen for mental health issues in addition to a brief cognitive evaluation. The assessment also serves as a review of the patient's functional limitations, environmental and community factors that may impact care, and social and familial dynamics.

- **Provide treatment/diagnostic interventions based on information acquired during the initial assessment.** The interns will develop a treatment plan based on their initial assessment. Depending on the comfort level of the intern, sessions may be co-led or led by the intern independently. Therapy sessions may occur either in person or via VA Video Connect, based on patient preference, clinical need, and the time constraints of the rotation. Common HBPC interventions include the following:

- Treatment of depressive, anxiety, and PTSD
- Provision of behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical adherence
- Treatment of adjustment disorders subsequent to medical conditions and change in functioning
- Treatment planning, educational activities, and behavioral interventions focused on relationship or caregiver issues affecting patient care

- Facilitation of end of life discussions with family and Veteran to assist in the development of goals of care
 - Provision of psychological prevention services to patients at significant risk for psychological problems
 - Motivational interviewing for the treatment of substance use disorders
 - Treatment adherence and improvement of patient/family engagement in patient care
 - Grief and loss issues experienced by the Veteran and caregiver(s)
 - Psychoeducation, behavioral intervention, and the development of behavioral modification plans to assist family and care teams in better engaging with dementia related behaviors in order to decrease the use of psychotropics for behavior management
 - Provision of screenings, brief assessments, and more in depth neuropsychological evaluations to determine cognitive decline or to address specific functional questions, or capacity evaluations when there are questions about a patient's ability to make medical decisions, perform other specific functions, or live independently
 - Offer support to caregivers purported to promote collaboration with the HBPC team, and decrease caregiver distress for the benefit of the Veteran and family
 - Facilitation of transition and adjustment to new living situations (e.g., a nursing home, assisted living facility)
 - Promotion of communication and interaction between medical team members, patients, and their families to facilitate the medical treatment process
 - Referral of patients for psychotropic medication consultation while working closely with psychiatry services
 - Referral to city and state agencies for senior services including necessary follow-through (i.e. Adult daycare services, DOA, Adult Protective Services)
 - Completion of routine cognitive and depression screenings, as needed.
- **Obtain supervision from HBPC psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review treatment sessions and cases, discuss journal articles and research, do case presentations, and identify professional development goals and opportunities. This will generally take place during commutes between patients.

ADDITIONAL CLINICAL, ADMINISTRATIVE, AND LEADERSHIP MINOR ROTATIONS

PERFORMANCE IMPROVEMENT/SYSTEMS DESIGN

Supervisors: Kenneth A. Lehman, Ph.D., kenneth.lehman@va.gov

An intern who elects this training experience may work on projects either jointly with or with guidance from the Mental Health Clinical Lead. This hands-on experience in administration is appropriate for interns who have career goals in administrative processes occurring within mental health or who have a strong interest in learning about how policies are evaluated in the context of big data in healthcare systems. In particular, the analysis of service-level data, the application of national standards to local processes, and the development and adoption of novel solutions to service-level problems will be emphasized. Although some activities (e.g., monitoring of performance metrics) may be consistent over time, the vast majority of projects are likely to depend upon the immediate needs of the service line or the facility in conjunction with the immediate interests of the incumbent intern. Close coordination with program coordinators, section chiefs, and other mental health leaders will be expected, and interns working on this rotation are likely to accompany the Clinical Lead to meetings with MH leadership and other facility-level stakeholders. Advanced learning about how to pull and evaluate VA data (e.g., training on Transact-SQL) can also be provided. In short, interns participating in this rotation can be expected to be able to look more deeply into decision-making processes and protocols into which front-line clinicians otherwise rarely become involved.

PSYCHOLOGY TRAINING ADMINISTRATION

Supervisor: Jamie Mathews, Psy.D., jamie.mathews@va.gov

An intern who elects this training experience may work on training projects either jointly or with guidance from the Director of Training. This hands-on experience in administration is appropriate for interns who are interested in learning more about psychology training and its administration.

Possible projects include the following:

- Deciding on and implementing improvements to the Psychology Training website
- Coordination of aspects of the selection of next year's internship and/or externship class
- Submission of a training-related proposal for presentation at a professional meeting
- A literature review of a training area of interest and preparation of a presentation to the psychology staff and interns on the subject
- Assisting with documentation organization about accreditation and funding
- Other projects as initiated by the intern or director of training—e.g. surveys of intern interviewees, surveying past intern's attitudes toward training at JBVAMC

RECOVERY SERVICES

Supervisor: Colleen Kagan, Ph.D., colleen.kagan@va.gov

The Recovery Services minor rotation provides interns with the unique chance to engage in both clinical and administrative work. Interns choosing this rotation will learn more about recovery-oriented mental health care, innovative ways to treat serious mental illness, the data and processes involved in VA decision making, the role of peer support, and how to implement facility-wide initiatives and strategic plans. This a great opportunity for those who might be interested in learning more about the behind-the-scenes work that happens within the VA system or see themselves in administrative or leadership roles in the future. It is also a wonderful primer in holistic and interdisciplinary mental health care. This is an 8-month rotation requiring 6-8 hours weekly with one hour of individual supervision included. It is comprised of a variety of opportunities including individual/group therapy, program evaluation & development, networking, Veteran outreach, and education/awareness-raising activities around the medical center and in the community. The specific rotation experiences are flexible depending on the interest of the intern and the events/projects occurring during the training period. The length of this rotation may be extended beyond the 8-month standard in consultation with the rotation supervisor and the Director of Training.

HEALTH PSYCHOLOGY SPECIALTY TRACK TRAINING ROTATIONS

The **Health Psychology Specialty Track** at JBVAMC offers full-year intensive training in clinical health psychology, which conforms to the guidelines recommended by the Council of Clinical Health Psychology Training Programs and APA Division 38. This specialty track has been available at JBVAMC since 1995. Our health psychology specialty track prepares the intern to pursue advanced training in this growing area. A broad categorization of the specific skill set emphasized in our training approach for the health psychology intern include: development of health psychology-specific assessments and interventions offered across a variety of formats (viz., individual, group, couples, family), interventions related to prevention and maintenance of health, interprofessional training, the prevention, treatment, and rehabilitation of illness and disability, and program evaluation and research.

Through supervised involvement in both outpatient and inpatient settings, interns hone their skills in assessment and consultation with the opportunity to assess and treat patients with a variety of problems and disabilities (e.g., cancer, chronic pain, hepatitis C, insomnia, hypertension, diabetes, and obesity). Outpatient experiences typically include rotations in Chronic Pain, Health Promotion/Disease Prevention, the MOVE! Program and Biofeedback/Outpatient Health Psychology.

The interns completing the Health Psychology Specialty Track have had great success in obtaining competitive postdoctoral and staff psychology positions in health psychology. Examples of placements by our interns include postdoctoral fellowships at Northwestern University Medical School, Loyola University Medical Center, Rush University Medical Center, Kaiser Permanente Medical Center in San Francisco, and staff positions at Stonybrook University and the Department of Hematology and Oncology at the University of Chicago.

CHRONIC PAIN ROTATION (8-10 hours):

Supervisor: David Cosio, PhD, ABPP david.cosio2@va.gov

Required activities in this rotation include 1 hour of supervision, 1 hour of participation in Pain Education School, 1 hour of group psychotherapy, 3 hours of individual assessment, and 2 hours of Alphastim electrical stimulation therapy per week.

The intern assigned to the Health Psychology Specialty Track will have the following training opportunities:

- **Conduct initial assessments with all new patients in the Pain Clinic.** The intern will begin by meeting (jointly with the supervising psychologist) new patients who are scheduled in the Pain Psychology Clinic to undergo initial assessments. The assessment includes a past and present history of pain management and inpatient/outpatient mental health/addictions history. Health behaviors are also assessed to determine which of 28 different pain treatments available at the JBVAMC are appropriate for referrals. Interns

will then meet individually with patients and present cases to the psychologist using a medical model. All paperwork is required to be entered within 24 hours.

- **Learn about the multidisciplinary team through consultation and liaison services.** The intern will have the opportunity to observe the psychologist in the Pain Clinic maintain discussions and collaborate with other disciplines in the hospital that deal with pain patients. The intern will also attend the Pain Clinic Interdisciplinary meeting held weekly to observe how a multidisciplinary team discusses cases and creates continuation of care plans. The intern will also present a topic during that meeting at least once during their rotation. The intern may also have the opportunity to shadow other providers in the Pain Clinic, including pain physicians, the pharmacist, and the osteopath.
- **Co-facilitate psychotherapy groups.** The intern will be expected to co-facilitate a group with the psychologist. The intern will be offered a combination of groups, including the Pain fACT Group, the Pain bCBT Group, and Mindfulness-Based Stress Reduction (MBSR) Group. The Pain fACT/bCBT group are 4-weeks long for 1.5 hours/week, and the MBSR group is 8-weeks long for 1.5 hours/week. All the groups are empirically supported interventions. The intern will be expected to be prepared each week with the group lesson.
- **Learn about other pain modalities in Pain Education School.** Pain Education School is a 12-week educational program that is open to all Veterans and their families. It is a comprehensive program that introduces patients to 28 different disciplines at JBVAMC that deal with chronic pain. Each discipline will share information about pain from the discipline's perspective, what treatments are available to Veterans in their service, and how to set up appointments in their respective clinics. As a behavioral pain specialist, it is imperative that trainees gain a wealth of information and a basic understanding about other treatment modalities available within their assigned setting. The intern will also be expected to present a topic at least once during Pain Education School.
- **Provide individual Alphastim training to Pain Patients.** The intern will have the opportunity to learn about Alphastim electrical stimulation therapy. The intern will have the opportunity to become certified and receive continuing medical education credits. The intern will meet with patients for up to 6-sessions to determine the appropriate technique and prescription.
- **Conduct Spinal Cord Stimulator (SCS) psychological evaluations.** The intern may have the opportunity to conduct a SCS psychological evaluation and neuropsychological screening, which includes a battery of questionnaires and an intake interview (approximately 4 hours in duration). The battery includes the MMPI-2, BDI-II, BAI, MMSE, and the COGNISTAT.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and/or discuss professional development. Interns may have the opportunity at times to supervise an extern with the consent of that extern.
- **Conduct outcome research.** The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of groups, Pain Education School, and the multidisciplinary approach provided by the Pain Clinic that are currently ongoing.

HEALTH PROMOTION/DISEASE PREVENTION ROTATION (HPDP) (8-10 hours):

Supervisor: Sarah Catanese, Ph.D., sarah.catanese@va.gov

The HPDP rotation will involve the direct clinical care of Veterans, with non-direct patient care clinical activities to include training/coaching/supporting Patient-Aligned Care Team (PACT) clinicians, administrative/program evaluation/outcome measurement/research, and other responsibilities, which might include serving on committees, grant writing, supervision, etc.

The following are examples of training opportunities on the HPDP rotation:

Provide specific training and consultation with medical center staff. The intern will be involved in training primary care staff and other medical center staff to facilitate effective health behavior coaching (i.e., healthy lifestyle coaching to support patient self-management). The intern will contribute to the training of primary care teams and others in evidence-based methodologies to effectively communicate with, motivate, coach, and support patients in being aware of relevant health risks, clarifying personal goals for health promotion and disease prevention change, developing individualized patient self-management plans, and maintaining these healthy behaviors. Consultation to medical center staff, primarily in primary care, on the evidence basis for health behavior interventions aimed at promoting health and preventing disease will also be provided by the intern.

Conducting behavioral health/preventive medicine programs. The intern will build skills in consulting with and supporting primary care, prevention, and patient health education team members through conducting behavioral health/preventive medicine programs. The intern participates as a facilitator in interdisciplinary Shared Medical Appointments, Tobacco Cessation, and Healthy Living clinics.

Provide health behavior assessments and interventions. The intern will have the opportunity to work with patients with unique or complex problems impacting their health promotion/disease prevention self-management plans.

Serve as a consultant to medical center staff on health promotion/disease prevention issues. The intern will be required to build and maintain competencies in health behavior coaching and motivational interviewing and may provide in-service or invited grand round presentations to medical center staff in areas directly related to the mission of the health promotion/disease prevention program and on the function of health behavior assessment and interventions to promote health and prevent disease. The intern should have an ongoing knowledge of and ability to utilize existing evidence-based behavioral health resource materials and develop new materials when needed.

Participate in Jesse Brown's Health Promotion/Disease Prevention Program

Committee. The intern will have the opportunity to assist in the development of new or the adaptation of existing VHA programs, guide program implementation, and coordinate evaluation strategies to help determine the efficacy of health promotion and disease prevention at Jesse Brown. The intern will also help develop, implement, and evaluate ongoing hospital-wide communication campaigns and special events for patients and staff on health promotion and disease prevention.

MOVE! PROGRAM ROTATION (10 hours):

Supervisor: Bonnie Yap, Ph.D.; bonnie.yap@va.gov

This rotation requires approximately 1 hour of supervision, 1.5 hours of group psychotherapy (MOVE! Core Group and Boot Camp), 1 hour of bariatric surgery-related activities (group, rounds, information session, or didactics), 1 hour of individual psychotherapy, 1 hour of individual assessment, and 2 hours of administrative time/week. Interns choose from the following options for the remainder of the rotation schedule: research and/or program evaluation, employee wellness, program design, and special projects—past projects have included assisting with the Farmer's Market, leading a weight-loss group for employees, administering hypnosis for weight loss, applying for a smoking cessation grant, and administering mindful eating sessions.

The intern assigned to the MOVE! Program's rotation will have the following training opportunities:

- **Develop a sensitive approach to working with patients who are overweight.** Over 70% of the population is overweight, yet there remains an abundance of stereotypes, prejudice, and misinformation about being overweight or obese. Trainees will have the opportunity to develop and practice a sensitive approach to discussing, conceptualizing, and treating Veterans who are overweight or obese.
- **Learn evidence-based approaches to weight management.** Cognitive behavioral therapy, medication, and surgery have been shown to be among the most effective approaches for weight management. The trainee will learn about each technique and its effectiveness. The trainee will also explore other approaches to weight loss and the evidence or lack of evidence for their effectiveness. Trainees will also have an opportunity to shadow a dietitian, endocrinologist, recreation therapist, and primary care staff to observe a multidisciplinary treatment approach.
- **Co-facilitate psychotherapy groups.** The intern will be expected to co-facilitate or lead groups. Current groups include a 12-week CBT-oriented weight management group, MOVING FORWARD, Maintenance, and Boot Camp groups. The intern will be expected to be prepared each week for the group lesson.
- **Participate as a member of the Bariatric Surgery Team.** The intern will have an opportunity to be a member of the bariatric surgery team. The intern will conduct bariatric psychological evaluations, lead the bariatric surgery support group, attend the bariatric surgery information sessions, and participate in the bariatric surgery rounding meeting.

- **Provide individual evaluations and treatment for patients.** Patients seeking weight management or struggling with eating disorders commonly associated with obesity are assigned to interns as their workload permits.
- **Program design and development.** Interns interested in designing and developing new programs can gain experience with this aspect of psychology through the MOVE! Program. Past project designs have included a farmer's market to promote healthy eating, a grant for a smoking cessation group for women, redesign of the group structure, development of the bariatric support group, implementation of a weight loss group for employees, and creation of a motivational interviewing seminar for multidisciplinary staff. A future project could include investigating an intensive, inpatient weight management program.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and discuss professional development. Interns may have the opportunity at times to supervise an extern with the consent of that extern.
- **Conduct outcome research.** The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of treatment elsewhere in mental health or other programs. Training follows an apprenticeship model, with interns observing the psychologist and receiving extensive training on all aspects of treatment in this clinic. Interns will subsequently have the opportunity to carry a caseload of their own in this clinic with attention paid a diverse client population.
- **Co-lead psychoeducational health groups.** The intern will have opportunities to co-lead various groups with the supervising psychologist. The groups available are broad in scope and may include the following: an Insomnia Behavioral Health Group, a process-oriented support group for patients with cancer diagnoses, and weekly group therapy for patients on the Physical Medicine and Rehabilitation inpatient unit. Additional groups include a biofeedback group for patients with headaches, monthly psychoeducation in stress management in the Addictions Programs, and a time-limited group in Smoking Cessation. The majority of groups involve interdisciplinary participation and will present trainees with opportunities to interact with residents and professionals from other disciplines. With sufficient interest and appropriate time availability, interns are encouraged to develop and implement new groups that are not already in the programmatic rotation offering.
- **Participate in consultation-liaison services.** Interns will have opportunities to learn about consultation-liaison practices through activities in Palliative Care Services/Oncology Clinic/Physical Medicine/Rehabilitation Services. These activities include participation in weekly team meetings and rounding with the residents/attending staff assigned to those rotations. There are also opportunities available to provide brief, consultative services on an inpatient basis.
- **Conduct program evaluation/outcomes research.** For the past few years, interns have had opportunities to participate in ongoing research activities that investigate the efficacy of various group therapies. Research resulting from such participation has provided interns with opportunities to learn how research informs clinical practice in addition to presenting their work in national conferences.

NEUROPSYCHOLOGY SPECIALTY TRACK TRAINING ROTATIONS

Supervisors: Patricia J. Lim, Psy.D., patricia.lim@va.gov
Lauren A. Rog, Ph.D., lauren.rog@va.gov
Michael Wilson, Ph.D., michael.wilson350183@va.gov

The Jesse Brown VAMC full year neuropsychology internship conforms to the guidelines recommended by the American Board of Clinical Neuropsychology and APA Division 40. The VA Chicago Health Care System is one of only five programs in the Chicago area which offers a full year internship in neuropsychological assessment.

Neuropsychology specialty track interns have been trained at the Jesse Brown VA continuously since 1980. Relevant coursework and practica are required to apply.

Staff: Our clinical neuropsychology supervisors are Dr. Patricia Lim, Dr. Lauren Rog, and Dr. Michael Wilson, all of whom completed their advanced training within VA Medical Centers, and who are seasoned in providing neuropsychological and rehabilitation services in various settings both within the VA and in the private sector. Our staff have expertise in the assessment of cognitive changes related, but not limited to, dementias, neurodegenerative diseases, neurovascular and pulmonary -vascular diseases, neuro-muscular and movement disorders, traumatic brain injury, head and spinal injuries, psychiatric illness, substance use disorders, adult attention deficit disorder, and aging.

Training Opportunities: The year-long neuropsychology rotation provides direct experience in the assessment of brain-behavior relationships. Patients may present with various medical or psychiatric conditions, and may be assessed in inpatient or outpatient settings. Extensive experience is gained in the administration and interpretation of well-established and validated neuropsychological assessment tools. A flexible approach to testing is employed, which often involves adding additional appropriate tests to a core battery. Extensive practice is gained in writing clear, thorough, and well-organized neuropsychological reports, and in adapting report writing styles to optimize relevance and utility to our referral sources. The intern gains experience with differential diagnosis and uses neuropsychological test results to assist the medical team in formulating diagnoses and viable treatment recommendations.

This rotation may also offer opportunities to perform decisional capacity assessments, pre-organ transplant cognitive evaluations, pre-surgical spinal cord stimulator implant assessments, and cognitive rehabilitation treatment. Neuropsychology interns have the opportunity to attend neuropsychiatry case conferences and neurology lectures at the University of Illinois at Chicago Medical School. Interns typically rotate clinical supervisors over the course of the year in order to gain exposure to different assessment approaches, report-writing styles, and areas of expertise/clinical focus.

Diversity Awareness and Training: The neuropsychology intern can expect to develop the following skills during the training year that pertain to racial and cultural diversity practices in neuropsychology and rehabilitation:

- Explore the impact of racial and cultural experiences on psychological and cognitive development, identity, performance effort, and attitudes about achievement;
- Consider culturally influenced family dynamics and role expectations as they pertain to cognitive achievement, intellectual development, and motivation;
- Identify optimal learning capabilities and cognitive compensatory interventions that align with racial and cultural uniqueness and life demands of patients and families;
- Utilize culturally sensitive and valid assessment tools and norms;
- Evaluate the interface between cognitive change, disability, stage of life/aging, medical conditions, and psychiatric comorbidities as they impact quality of life;
- Promote rehabilitative and recovery focused interventions to identify areas of life enhancement despite cognitive impairment and disability;
- Focus on enhancing quality of life as defined and perceived by the patient;
- Gain understanding of cultural attitudes about aging and end of life for geriatric, disabled, or chronically ill patients.
- Build sensitivity to intersectionality of different identities held by the patient (e.g., aging, cultural minority status, psychiatric disability, cognitive disability, veteran identity, etc.).

Prior Trainees: Our neuropsychology specialty track prepares the intern to pursue advanced training in neuropsychology, and prior graduates have obtained competitive post-doctoral fellowships. Our 2001, 2003, 2004, 2005, and 2007 graduates secured post-doctoral fellowships at the University of Illinois's Department of Psychiatry. Other recent interns have secured fellowships or positions at the following locations: University of Virginia Department of Psychiatric Medicine and Neurosurgery (2002), Beth Israel Hospital (affiliated with Harvard Medical School; 2006), private practice affiliation in the Chicago area (with continued training at UIC Dept. of Psychiatry; 2008), Medical College of Wisconsin (2010), University of Virginia (2011), University of California-Davis (2012, 2013), University of Washington School of Medicine (2014), the Houston VA Medical Center/Baylor College of Medicine (2016), University of Oklahoma Health Sciences Center/Oklahoma City VAMC (2017), Memphis VAMC (2018), Pontificia Universidad Católica de Chile (2019), Indiana University School of Medicine (2020), and Milwaukee VAMC (2021).

NEUROPSYCHOLOGY AT UIC (minor rotation for Neuropsychology Track interns)

This six-hour per week minor rotation is based at the University of Illinois at Chicago and is supervised by Dr. Neil Pliskin, Ph.D., ABPP/CN. Interns with sufficient dissertation progress can choose to devote up to eight or 10 hours per week to this rotation. The goal is to expand the knowledge base of the intern and increase professional interaction with other neuropsychologists and trainees. Each trainee makes an individualized educational, clinical and/or research plan with Dr. Pliskin. The intern is also involved in the following educational experiences at University of Illinois at Chicago, Center for Cognitive Medicine, Neuropsychology Division:

- Behavioral Neurosciences Seminar: national experts in neuropsychology, neuropsychiatry, and brain imaging present case conferences, research, and colloquia.
- Applied Neuropsychology Seminar: Dr. Pliskin, UIC post-doctoral fellows, and other neuropsychologists present topics of interest to UIC neuropsychology faculty and trainees.
- Neuroanatomy Review Series: Dr. Pliskin, UIC post-doctoral fellows, and other neuropsychologists present a detailed review of neuroanatomy topics (cerebral cortex, cranial nerves, limbic system, and so on) to neuropsychology trainees.

Supervision and Evaluation

Individual Supervision and Evaluation

The majority of supervision at Jesse Brown VAMC is individual supervision. Each intern is assigned supervisors for each current training experience: the major rotation, the minor rotation, outpatient therapy and group therapy. Hours of formal one-to-one supervision typically range from 2 to 3 hours per week; along with internship-wide group supervision (described below), all interns receive at least 2 hours of individual supervision and 4 hours of total supervision weekly. The supervisors are the psychologists who work in those program areas.

Interns evaluate their supervisors and present these evaluations in written form. Also, supervisors provide interns an assessment of their current state of professional development in a written evaluation. Scheduled evaluations occur every two months. At months 4, 8, and 12, the training committee reviews these evaluations for each intern and implements an aggregation procedure—additionally consulting with the supervisors of record if necessary—for each competency to yield a single rating summarizing the intern's apparent progress at that point. In essence, the committee creates a single integrated evaluation for the intern after each 4-month interval. The intern's primary mentor or the director of training is charged with delivering feedback on this summary to the intern. The final, 12-month aggregate evaluation is the ultimate determination as to whether the intern has reached the program's required competency levels for successful completion of the program. Interns will be determined to be successfully meeting training goals when none of their 4-month intermediate-year aggregate ratings on primary competencies is rated below the intermediate trainee level. Remediation plans will be instituted when these criteria are not met, or when individual supervisors raise specific concerns that are considered serious enough by the training director to merit that such a step be taken (i.e., not expected to self-correct as a natural consequence of participating in the rotation). A complete remediation policy will be established and disclosed by the training program at the beginning of the intern's training year. Successful completion of the program will be determined when at least 80% of the aggregated primary competencies at the year-end evaluation are judged at the level of being ready for entry-level practice in all but non-routine cases (i.e., one level below autonomous practice).

The interns' academic directors of training are provided with written progress summaries at 6 months and at the completion of the internship. Interns may attend selected training committee meetings and provide input into training decisions. Additionally, the director of training and interns hold regular meetings so the interns may discuss the training program as they are experiencing it. In our experience, the best suggestions for improving our internship usually come from the interns themselves.

Intern Group Supervision

Intern group supervision is provided weekly for one hour and is facilitated by the Director of Training. The weekly intern group supervision allows for discussion of cases

or other clinical, logistical, and professional growth areas. This supervision is designed to be a safe and supportive space, allowing for reflection and feedback regarding aspects of professional and ethical development, monitoring the general progress of each intern and the intern class as a whole, allowing interns opportunities to provide feedback about training and ways to enhance their training experience, and fostering for professional and colleague growth.

Library Resources

Our interns may use our VA's Medical Library. Also, the University of Illinois Library of the Health Sciences is just two blocks away. Our Medical Library supports our efforts in patient care, patient education, teaching, and research. Many online resources are available through internet access in each office, including OVID and Medline.

Office Space and Computer Resources

All interns are provided with a VA-issued laptop to use for the duration of their training year. For the 2022-23 training year, interns will likely use a combination of office spaces, which might include those designated by their rotation supervisors, use of individual and group treatment rooms available by reservation, and a dedicated work station in a shared office space to use for activities outside of patient care. All office spaces will have access to the VA server. The ability to telework as needed and as clinically appropriate will potentially remain an option as well for the foreseeable future.

Stipends, Leave, Start Date, and Insurance Coverage

Stipend

As of the 2021-2022 academic year (starting 6/21/2021), the one-year full-time pre-doctoral internship provides a \$29,164 stipend paid in 26 biweekly payments.

Leave

Interns are allocated 13 sick leave and 13 annual leave (vacation) days for the training year, accrued over the course of the year. Additionally, all federal employees enjoy 10 paid federal holidays annually. Interns are also granted additional professional leave (paid, off-station time) to present at major professional conferences and attend post-doc/job interviews, pending administrative approval.

Start Date

The internship year traditionally begins in late June. The 2022-2023 internship year will begin on 06/20/2022, contingent on Human Resources approval.

Health Insurance

Veterans Affairs offers optional health insurance for psychology interns. There are a wide variety of federal health benefits programs to choose among and can include dental and vision care.

Life Insurance

The VA offers optional life insurance for psychology interns.

Public Transportation Vouchers / Parking

For employees who take public transportation to work every day, the federal government will provide transit vouchers that can be used on public transportation throughout the Chicago area. Interns can sign up for this benefit on their first day at work. For interns who drive to work, there is parking at a nearby lot at the Juvenile Detention Center (1100 S. Hamilton Avenue) for \$2/day. If capacity allows, interns can also park in the JBVAMC parking lot next to the Ogden entrance for a reduced daily fee of \$5.75/day.

Other Benefits

All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center. In addition, the University of Illinois at Chicago has a gym that is across the street from the VA, and interns receive reduced employee membership rates (hours/access are routinely updated to accommodate changes in COVID-19). Interns may use the Medical Library and VA internet resources for research, including computer database searches and interlibrary loans. Interns may receive a free physical exam upon being hired for federal service, along with a TB test. All employees are eligible for the services of the Employee Health Office, which include free vaccinations for COVID-19, Hepatitis B, and influenza.

Malpractice Insurance

Malpractice liability coverage is provided for interns through the protection of the Federal Tort Claims Act. A 1999 VA directive has established malpractice coverage under federal regulations for off-site rotations.

Administrative Policies

More information regarding administrative policies for interns, including specific information about leave policies, due process and grievance policies and other information, is available upon request. The following information is further available upon written request to the internship and found in Addendums to the Intern Handbook provided to interns during their orientation:

- Information on intern performance evaluation;
- Procedures for intern feedback, advisement, retention and termination;
- Due process and grievance procedures for interns and training staff;
- Requirements for the completion of the internship; and
- Any other administrative policies and procedures.

Due Process Statement

All interns are afforded the right to due process in matters of problematic behavior and grievances. The due process and grievance procedures are disseminated and reviewed upon the intern's orientation to the program.

Privacy Policy

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

Self-Disclosure

We do not require interns to disclose personal information to the training staff except in cases where personal issues may be adversely affecting the intern's performance and is thought to be necessary for remedying the situation. Should such self-disclosure be required, the Director of Training or Chief of Psychology will be responsible for initiating this process and will attempt to limit the distribution of any information disclosed to the most limited extent possible for effecting the change.

Application & Selection Procedures

Instructions for how to apply for JBVAMC's internship program are provided each fall on the associated training website. As stated at the beginning of this brochure, the relevant document for applicants interested in the program will be labelled according to the upcoming training year. In addition to application instructions, this document provides other important information, such as the APPIC/NMS match numbers of the different training tracks, a description of the minimum and recommended qualifications of applicants, and a description of how applicants are selected through the application and interview processes (along with the relevant dates). Please ensure that the submission of any application follows the procedures specified in this document ("JBVAMC Internship Application Process").



Photo of a mural on building across from the Morgan Street CTA station

Academic Program Information on Current and Recent Interns

Class of 2021-2022

University of Miami (General Track)
Roosevelt University (General Track)
Roosevelt University (General Track)
Nova Southeastern University (Acute Crisis Intervention Track)
University of Rhode Island (Neuropsychology Track)
University of Florida (Health Track)

Class of 2020-2021

Hofstra University (General Track)
University of Iowa (General Track)
Pepperdine University (General Track)
Roosevelt University (Neuropsychology Track)
University of Rhode Island (Health Track)

Class of 2019-2020

Adler University (General Track)
Roosevelt University (General Track)
LaSalle University (General Track)
Oklahoma State University (Acute Crisis Intervention Track)
The Chicago School of Professional Psychology (Neuropsychology Track)
Regent University (Health Track)

Class of 2018-2019

Adler University (General Track)
University of Illinois at Urbana-Champaign (General Track)
Nova Southeastern University (General Track)
University of Massachusetts-Boston (Neuropsychology Track)
University of Florida (Health Track)

Class of 2017-2018

The New School (General Track)
Adler University (Crown Point Track)
Kent State University (General Track)
PGSP-Stanford Consortium (General Track)
Illinois School of Professional Psychology-Chicago (Neuropsychology Track)
Rosalind Franklin University of Medicine and Science (Health Track)

Class of 2016-2017

University of Illinois at Chicago (General Track)
Adler University (Crown Point Track)
Northwestern University Feinberg School of Medicine (General Track)
Illinois Institute of Technology (General Track)

Roosevelt University (Neuropsychology Track)
Loma Linda University (Health Track)

Class of 2015-2016

Nova Southeastern University (Health Track)
Adler University (General Track)
University of Illinois at Chicago (Neuropsychology Track)
PGSP-Stanford Consortium (General Track)
Chicago School of Professional Psychology (Crown Point Track)
University of South Carolina (General Track)

Class of 2014-2015

Northwestern University, Feinberg School of Medicine (Health Track)
Marquette University (General Track)
Palo Alto University (Neuropsychology Track)
PGSP-Stanford Consortium (General Track)
Jackson State University (Crown Point Track)
University of Minnesota (General Track)

Class of 2013-2014

The Chicago School of Professional Psychology (Health Track)
Illinois School of Professional Psychology (General Track)
Loyola University, Chicago (Health Track)
Roosevelt University (Neuropsychology Track)
University of Detroit Mercy (General Track)
University of Kansas (Neuropsychology Track)
Wayne State University (General Track)



Photo of public art in Skinner Park in Chicago on a winter day

Staff Directory

A bit about each of us written in our own words

Ryan Andresen, Psy.D. (he/him): Dr. Andresen graduated from The Chicago School of Professional Psychology in 2019. He did his internship and fellowship at the South Texas Veteran's Health Care System in San Antonio, Texas with special interests in psycho-oncology, helping those receiving chemotherapy, and chronic medical issues. He also worked with the rural population at their sister site, the Kerrville VA. His professional interests include: psycho-oncology, medical psychology, and mentoring students. He decided to come back to Chicago because it's an amazing city (and family lives close by). Prior to school, he was in Miami working with the homeless population. In his free time he enjoys playing with his dog, Loki (a Bichon Frise), cooking, and exploring the city trying to find the best restaurants. He also enjoys family events, especially when grilling or smoking brisket is involved.

Keisha Battle, Psy.D. (she/her/hers): Dr. Keisha Battle graduated from the University of Illinois in Champaign-Urbana with a bachelor's degree in Psychology and a minor in Spanish that she completed at La Universidad de Castilla La Mancha in Toledo, Spain. After years of working in corporate America, she decided to go back to school to for graduate studies. Dr. Battle graduated from Roosevelt University with a doctorate in Clinical Psychology in 2015. She completed internship at the Madison VAMC and spent 3 years at the Milwaukee VAMC in Primary Care Mental Health Integration (PC-MHI). Currently, Dr. Battle works in PCMH in the Women's Health primary care clinic at Jesse Brown VA Medical Center. Dr. Battle's professional interests include insomnia/sleep disorders, race-based stress and trauma, and the experience of personal psychotherapy for psychology doctoral students. She is trained in cognitive behavioral therapy (CBT), CBT for insomnia, CBT for chronic pain, acceptance and commitment therapy, problem solving therapy, cognitive processing therapy, and prolonged exposure. Her hobbies include the performing arts and cooking. Dr. Battle is a foodie and dancer, so her favorite things to do are to try new restaurants and go out dancing with family and friends.

Kelsey Berry, Psy.D. (she/her/hers): Dr. Berry completed her undergraduate degree in psychology at the University of Illinois in Champaign-Urbana. She graduated from Midwestern University in Downers Grove, IL in 2020 with her doctorate in clinical psychology. Dr. Berry completed her internship at the Battle Creek VA in Michigan in their health track. She then served as the geropsychology postdoctoral fellow in the at Captain James Lovell FHCC in North Chicago, working with Veterans in the Community Living Center and primary care. Dr. Berry is currently a PCMH psychologist at the Adam Benjamin, Jr. CBOC. Areas of clinical interest include insomnia, stress management, chronic pain, adjustment to chronic health conditions, health behavior change, and geropsychology. She also maintains an interest in research and recently began serving as a dissertation committee member at Midwestern University in the clinical psychology program. In her free time, Dr. Berry enjoys spending time with her family, friends and two dogs, trying new restaurants in Chicagoland, and attempting DIY home improvement projects.

Irina Beyderman, Ph.D.: Dr. Irina Beyderman received her master of science and doctorate in clinical psychology from the Illinois Institute of Technology (IIT) in Chicago. She completed her clinical internship and post-doctoral fellowship at the Jesse Brown VA Medical Center. Dr. Beyderman's clinical and research interests include anxiety and mood disorders, PTSD, substance abuse, chronic pain management, emotion regulation, and developmental antecedents of psychopathology. Dr. Beyderman's approach integrates cognitive behavioral (CBT), acceptance and commitment (ACT), dialectical behavioral (DBT), and interpersonal (IPT) psychotherapies. Dr. Beyderman is a certified Cognitive Processing Therapy (CPT) and Problem-Solving Therapy (PST) provider. She is licensed in the state of Illinois.

Dawn Brown, Ph.D. (she/her/hers): Dawn Brown, Ph.D. is the Staff Psychologist for the Residential units at Jesse Brown: SARRTP and PRRTTP. She is also active on Jesse Brown committees and believes that they enhance her work and give her opportunities to be engaged with people across the VA. She is currently a member of the Diversity Committee, LGBT Veteran's Workgroup, LGBT Employee Committee, and is on the Jesse Brown 4 Black Lives (JB4BL) Task Force as the Co-chair of the Education & Courageous Conversations Committee.

Dr. Brown graduated from the University of Illinois at Urbana-Champaign (UIUC) with a Ph.D. in Counseling Psychology and was a Clinical Psychology Fellow during the 2019/2020 year here at Jesse Brown. At UIUC she specialized her training in LGBT-affirming competencies and has done trainings for LGBT-affirming workspaces, schools, and mental health. She's also very passionate about group therapy and loves the power of group members validating one another's experiences and providing a safe and vulnerable space for one another. Additionally, approaching all of her work from an intersectional and multicultural perspective is very important to her. Seeing each Veteran in all of their identities and experiences and doing her best to make them feel seen and validated is a large part of her work.

On a more personal note, Dr. Brown is a queer woman and first generation college student. She strongly relates to the struggles in navigating college and higher education without generational support, knowledge, or funding. She is also "straight-passing" and understands the ways in which invisibility can impact how one experiences their queer identity. Some of her interests include spoiling her dogs (two dachshunds and a yorkie), hiking, paddle boarding, and vacationing to new places.

Ivan Budisin, Ph.D.: Outpatient Mental Health Program Manager; Dr. Budisin earned his doctorate in Counseling Psychology from Loyola University Chicago in 2009. He completed his internship at the Cpt. James Lovell FHCC in 2006/2007. For his postdoctoral training, Dr. Budisin went to Purdue University Calumet, where he also worked as a staff psychologist in the Counseling Center until 2012. Dr. Budisin started his career at JBVAMC in 2012 as the Assistant Chief of Mental Health Clinic and has been in his current role since January 2017. Dr. Budisin's role is split equally between administrative tasks in Outpatient Mental Health and providing clinical services (mostly

individual psychotherapy) to our Veterans. He is trained in Interpersonal Therapy for Depression and Cognitive Behavioral Therapy for Insomnia. Administratively, his work is focused primarily on ensuring our Veterans can easily access Outpatient Mental Health services and engage in recovery-oriented care. Dr. Budisin is a first-generation immigrant from Southeastern Europe (Serbia) where he served in the armed forces. In his spare time, Dr. Budisin enjoys traveling with his wife and son.

Sarah Catanese, Ph.D.: Sarah Catanese, Ph.D. is the Health Behavior Coordinator. She founded and continues to run Jesse Brown's bariatric behavioral medicine program, offering services and consultation throughout VISN 12, and works closely with the MOVE! Coordinator. She runs Jesse Brown's first positive airway pressure adherence group, working closely with sleep medicine. Dr. Catanese also runs the tobacco cessation counseling group, and plays a significant role in addressing tobacco use through Medical Center policy and the Tobacco Cessation Committee. Dr. Catanese acts as a consultant on the treatment of eating disorders throughout the medical center. Dr. Catanese is a member of the Whole Health Steering Committee, and the Whole Health Research Committee, and is co-chair of the Health Promotion Disease Prevention Committee. Dr. Catanese completed the Mental Illness Research Education Clinical, Centers of Excellence training in CBT-E and Motivational Interviewing. She also served as a National Consultant for Motivational Interviewing, and is charged with educating clinicians at Jesse Brown VA Medical Center in the use of MI to improve clinical outcomes. Dr. Catanese is trained in hypnosis and completed the VA's CALM Mindfulness Based Stress Reduction training program. Dr. Catanese's recent publications and research involve the role of motivation in weight management, changes in self-efficacy during participation in Whole Health groups, and outcomes among Veterans participating in weight management support groups. Dr. Catanese is on faculty at Northwestern University, Feinberg School of Medicine and University of Illinois at Chicago. Dr. Catanese founded and runs the Northwestern/Jesse Brown Health Psychology Seminar, with speakers from medical centers throughout Chicago, and participants from around the country.

Dr. Catanese completed her Ph.D. in Clinical Psychology, with a specialization in Health Psychology, at Chicago Medical School/Rosalind Franklin University of Health Sciences. She completed her internship at UCLA Semel Institute for Neuroscience and Human Behavior/David Geffen School of Medicine and her postdoctoral fellowship at Children's Hospital Boston/Harvard Medical School. Dr. Catanese received her undergraduate degree at Tulane University, where she graduated Summa Cum Laude, Phi Beta Kappa, with the Rosa Cahn Hartmann Prize for Outstanding Student in the Department of Psychology.

Dr. Catanese believes that diversity among psychologists is the key to a thriving discipline with novel research ideas and the best treatment strategies. She takes an analytic, Socratic approach to supervision, encouraging exploration of diversity in clinical and professional interactions and identity development. Dr. Catanese is a feminist.

Dr. Catanese enjoys spending time with her husband and two young children. She is a voracious reader, who hates to cook. She ran the marathon in 2019, and Dr. Bisterfeldt and Dr. Simons, a former health psychology intern, joined her for much-needed support the last few miles. Dr. Catanese loves candy, and once ate an entire jar of jelly beans off of Dr. Taft's desk during internship interviews. Dr. Taft is a former health psychology intern at Jesse Brown, and currently a researcher at Northwestern and clinician in private practice. The jelly beans were supposed to signify the number of days until Dr. Taft's honeymoon, and Dr. Taft still gives Dr. Catanese a hard time about it. Although her colleagues, trainees, and clients make fun of Dr. Catanese's outfit choices, she is confident that in another life she could have been a fashion designer.

Kathryn Cline, Psy.D. (she/her/hers): Dr. Kathryn Cline is a clinical psychologist in the PCT and also acts as the Evidenced Based Practice Coordinator for JBVA. She attended undergraduate at Eastern Illinois University and graduate school at Adler University in Chicago, IL. Dr. Cline accepted the Army HPSP Scholarship during graduate school and subsequently commissioned as an officer in the US Army upon acceptance into internship and postdoc at San Antonio Military Medical Center in Texas. Upon completion, she was stationed in Germany for 3 years as the regimental psychologist for the 2nd Cavalry Regiment, and functioned in multiple roles as clinician, consultant to command and behavioral health officer for the regiment. Dr. Cline is currently a Major in the Ohio Army National Guard and continues to provide behavioral health care to soldiers. Special interests in psychology include trauma, anxiety disorders, posttraumatic growth, death/dying/bereavement and military psychology.

David Cosio, Ph.D., ABPP (he/him): Dr. Cosio is the board certified, clinical health psychologist in the Pain Clinic and the CARF-accredited, interdisciplinary pain program at the Jesse Brown VA Medical Center, in Chicago. He also serves as a faculty member of the University of Illinois-Chicago Pain Management Fellowship Program and a lecturer in the Department of Psychiatry at Northwestern University. He received his PhD from Ohio University with a specialization in Health Psychology in 2008. He completed a behavioral medicine internship at the University of Massachusetts-Amherst Mental Health Services in 2008. He then completed a Post-doctoral Fellowship at the Edward Hines Jr. VA Hospital in 2009 in Primary Care and Specialty Clinics. He achieved specialist certification in Clinical Health Psychology by the American Board of Professional Psychology in 2017. He has done several presentations in health psychology at the regional and the national levels. He also has published several articles on health psychology, specifically in the area of patient and provider pain education. He is the author of a book on this topic, *Pain Relief: Managing Chronic Pain Through Traditional, Holistic, & Eastern Practices*. Dr. Cosio is a member of the PPM Editorial Advisory Board.

Monica Cotter, Psy.D.: My name is Monica Cotter. I got my Psy.D. from The Chicago School of Professional Psychology in 2018. Before becoming a clinical psychologist I worked in sales for 7 years and I was most recently employed at a tech start-up. I am currently a licensed staff psychologist at ABJ in Crown Point, IN. I completed the PTSD-SUD-Pain fellowship in 2019 and internship at Lovell FHCC. I have worked and trained

within the VA for the past 5 years at ABJ, JB, Hines, and Lovell. My clinical interests include a holistic approach to physical and emotional wellness. I have a background in substance use, health, and trauma focused treatment. Outside of work I enjoy being active including yoga, cycling, swimming, and running.

Donna Crossman, Ph.D. (she/her/hers): Dr. Crossman is a licensed clinical psychologist and the coordinator for the Veterans Integration to Academic Leadership (VITAL) program at Jesse Brown VA. The VITAL program strives to enhance academic retention and success for student Veterans by connecting them to needed health care and other support services. Dr. Crossman completed her undergraduate degree in Justice and Law with a minor in Psychology at American University in Washington, DC before earning her PhD at Binghamton University in Upstate NY. In 2015, after completing her predoctoral internship at the University of Massachusetts Medical School/Worcester Recovery Center & Hospital she began her VA career. Dr. Crossman was selected as the Community Reintegration Fellow at the Bedford VAMC (Bedford, MA) where she focused on psychosocial rehabilitation and community reintegration specifically working with Veteran Employment Resources (VER) (previously known as the Compensated Work Therapy, CWT program) and the VITAL program. She was hired as a staff psychologist for the VITAL program at the Bedford VAMC where she remained until joining the team at Jesse Brown in August of 2020, first working with the Psychosocial Rehabilitation and Recovery Center and then returning to the VITAL program. Dr. Crossman's clinical and research interests include community reintegration through psychosocial rehabilitation, specifically engagement in vocational rehabilitation and supported education services. She is also interested in the relation between social isolation, loneliness, and social support. Dr. Crossman is certified in Motivational Interviewing (MI) and Cognitive Behavioral Therapy for Insomnia (CBT-I). She is licensed in Illinois and Massachusetts and is also an assistant clinical professor at the University of Illinois Chicago, College of Medicine. Her personal interests include spending time with family, friends, and her rescue dog Sampson. She is also a huge Philadelphia Eagles fan and enjoys rewatching the Superbowl where the Eagles beat Tom Brady and the New England Patriots, particularly since her partner is a die-hard Pats fan.

Alicia Doty, Psy.D.(she/her/hers): Dr. Doty received her doctoral degree in psychology from Roosevelt University in Chicago. She became interested in a VA career when she was on practicum here at Jesse Brown VA Medical Center. She completed her internship and postdoctoral fellowships at St. Louis VA, focusing on the treatment of serious mental illness and posttraumatic stress disorder. Although St. Louis was fun, she decided that her heart truly resides in Chicago (after all, as a Cubs and Blackhawks fan, she just simply couldn't abide living near so many Cardinals and Blues fans for long...not to mention that it was impossible to catch a Bears game anywhere down there). After completing her postdoctoral fellowship, she returned to the Jesse Brown VAMC and is now the outpatient mental health psychologist for Women's Health Clinic. Dr. Doty quickly realized that her training in SMI and PTSD had come in handy, as women served in this clinic tend to present with complex trauma histories. As a woman who enjoys empowering other women, working with women with diverse backgrounds has been a gratifying experience. In order to meet the complex needs of women Veterans, Dr. Doty

is an integrationist in practice. She was trained in interpersonal/relational theories (such as the theory of cyclical maladaptive patterns utilized in Time-Limited Dynamic Psychotherapy), but she also integrates CBT and DBT-based interventions. She has been trained in various EBP, including PE, CPT, IPT, and STAIR.

Outside of work, Dr. Doty enjoys very much the opportunity to no longer be in graduate school, as she now has copious amounts of free time to do anything she wants. This is including, but not limited to: eating delicious food, watching TV without guilt, reading, having a love/hate relationship with running, and snuggling her adorable cat. If she didn't have a passion for psychology, she would enjoy being a stay-at-home cat mom.

MacKenzie Fye, Psy.D., RYT (she/her/hers): Dr. Fye works in the Psychiatric Assessment Clinic (PAC) at Jesse Brown VAMC. She received her bachelor's degree from Lawrence University in Appleton, WI and completed her doctorate at Adler University in Chicago, IL, specializing in Primary Care Psychology and Behavioral Medicine. Both her internship and postdoctoral training (Geropsychology/PCMHI) were at the Captain James A Lovell FHCC. Prior to joining JBVAMC, she worked in the private sector as a health psychologist providing psychotherapy to individuals living with chronic medical conditions and conducting pre-surgical bariatric evaluations. In 2020, Dr. Fye published an article in Home Health Care Management & Practice journal based on her original research examining self-care for caregivers of individuals living with multiple sclerosis.

Dr. Fye enjoys working with all Veterans but has particularly enjoyed serving those who are new to the VA or mental health care. In her role with the PAC team, she seeks to provide a warm and welcoming approach to Veterans as they begin their recovery. Dr. Fye operates from an acceptance and commitment framework (ACT) and integrates CBT, MI, solution-focused, and other evidence-based modalities as clinically indicated. She has significant experience exploring the effects of biological, social, and psychological factors on physical health and illness. She especially likes working with chronic medical conditions to help individuals explore the impact of their diagnosis and symptoms on daily functioning, mood, and relationships. Outside of work, she enjoys teaching yoga, traveling, being outside, and spending time with family and friends.

Stephanie Fry, Ph.D. (she/her/hers): Dr. Stephanie Fry is the Inpatient Psychiatric Unit psychologist at Jesse Brown VAMC. Dr. Fry completed externship training at the Lubbock VA Outpatient Clinic and internship at the Captain James A. Lovell Federal Health Care Center (formerly known as the North Chicago VA) before graduating from Texas Tech University in 2016. Dr. Fry has clinical experience in providing short-term inpatient treatment for individuals with severe mental illness and substance use disorders in the VA as well as multiple forensic settings. Areas of professional interest include delivering time-limited interventions, providing Social Skills Training for inpatient Veterans, and developing cognitive-behavioral case formulations for individuals with complex and comorbid presentations. In addition to providing services to the inpatient psychiatric unit at JBVAMC, she also serves on the High-Risk committee and the Disruptive Behaviors Committee to assist in providing excellent treatment for Veterans at

risk for self- or other-directed violence. Outside of work, she enjoys running, playing volleyball, and trying new recipes with five or fewer ingredients!

Kelli Gariglietti-Farha, Ph.D. (she/her/hers): CBOC Outpatient Mental Health Program Manager stationed at the Adam Benjamin Jr. Outpatient Clinic. Dr. Gariglietti earned her doctorate in 2000 from the University of Kansas. Her dissertation focused on factors related to the academic success and social adjustment of Mexican immigrant children. She completed her doctoral internship at the Kansas City VAMC. She has been a licensed psychologist since 2001 providing psychotherapy and psychological assessment to adults, adolescents, and children in outpatient and inpatient settings. She has provided expert testimony on the behalf of immigrants in federal and state courts including deportation proceedings. She has publications related to hope, critical thinking, and perceptions of death and dying. Her postdoctoral training was completed at Baker University where she taught as a psychology professor and served as the director of the counseling center. She then worked for Via Christi hospital in an outpatient mental health clinic from 2002-2009. Upon moving from Kansas to Indiana, she began teaching for the Clinical Mental Health Counseling program at Valparaiso University. She returned to clinical work in May of 2017 when she began in her current position where she coordinates the mental health programs at the CBOCs affiliated with the JB VAMC. Her time is split between administrative duties and providing outpatient psychotherapy. She has a special interest in chronic pain management. Other areas of interest include psychological consultations for medical patients newly diagnosed with chronic and/or terminal illnesses, including infectious diseases, cancer, cardiovascular disease, degenerative neurological conditions, and trauma. Her assessment experience includes neuropsychological screenings, social security disability examinations, and pre-surgical screenings (e.g. transplant and bariatric). When not working she enjoys chasing her 3 children and returning home to Kansas to visit her family. She also is a stationary weather spotter for the National Weather Service.

Jena Gomez, Ph.D.: Psychologist in the mental health clinic, and provider of telepsych services to our CBOCs, Auburn Gresham and Chicago Heights. I previously specialized in serving individuals with SMI, but am now more of a generalist and see essentially the whole DSM-5 of disorders. I view myself as somewhat of an integrationist due to the environment and diagnoses I see in the mental health clinic. I find myself pulling a lot from CBT/DBT interventions, but also have a deep love of the more psychodynamic end of things and find myself also using dynamic and interpersonal focused interventions (such as TLDP). Although I have no formal VA trainings under my belt (yet), I find myself pulling from various EBPs including STAIR, DBT, CBT, CPT, and PE. I also serve as the facilities telemental health champion and am the go-to for any VVC related questions. I am originally from Wisconsin (and yes, I am 100% a cheesehead with blood of green and gold running through my veins for the Green Bay Packers; if this is an issue, do NOT choose me to be your supervisor-ha!) and completed undergrad at Marquette University in Milwaukee. I then came to Chicago for grad school, where I earned my PsyD from Roosevelt University, right on Michigan Ave. I completed my pre-doctoral internship at the St. Louis VA, and my postdoctoral fellowship right here at JBVA (where I served as the SMI postdoc). There is something about this VA that is

extremely magnetic for me; I completed my advanced practicum here and knew I would be back one day. Now my plan is to stay working for this VA until they tell me I can't anymore. Although I am a Wisconsinite through and through, I LOVE Chicago. Other loves of mine include: my two fur-babies (2 cats), painting, tattoos, and hiking.

Justin Greenstein, Ph.D. (he/him/his): Dr. Greenstein is the PTSD Clinic Program Manager and Staff Clinical Psychologist at JBVA. He received his PhD in Clinical Psychology from University of Illinois at Chicago in 2009, completed internship at the Hines VA Hospital and a Postdoctoral Fellowship, PTSD/Substance Use Disorders (SUD) track, at the Hines VA Hospital. He has been licensed in Illinois since 2010. His professional interests include: Evidence-based psychotherapy; PTSD and SUD assessment, treatment, and comorbidity; clinical supervision; treatment efficacy and effectiveness; and program evaluation. His theoretical orientation is cognitive behavioral. Personal interests include: spending time with his wife, son, and friends; listening to music; and trying to identify personal interests.

Roger Elliot Hicks, Ph.D.: Clinical psychologist working in Primary Care-Mental Health Integration (PCMH-I). Clinical orientation includes CBT/ACT with a focus on Health Psychology. Graduated from the Illinois Institute of Technology, completed the General/Health Psychology internship at the University of Arkansas for Medical Sciences, and completed the Psychosocial Rehabilitation fellowship at Central Arkansas VA Healthcare Services. Currently certified in PCMH-I and Social Skills Training. Completing certification in Prolonged Exposure for Primary Care. Areas of clinical interest/experience include CBT-I, Chronic Pain, Tobacco Cessation, brief interventions for general mental health concerns, Motivational Interviewing, Psycho-oncology, weight management, and more. Personal areas of diversity: Atheist Personal Interest: Photography, cycling, skateboarding, dogs.

David (Ryan) Hooper, Ph.D.: Dr. Ryan Hooper is a Board Certified Clinical Psychologist with expertise in assessment and treatment of substance use disorders and co-occurring mental health disorders. Dr. Hooper has a passion for developing and maintaining recovery-focused treatment programs including residential and outpatient settings. He has experience in treating clients experiencing a wide range of mental health struggles including Depressive and Anxiety Disorders, Substance Use Disorders, and Trauma-related disorders. He is a strong advocate for mental health recovery and evidence-based practice including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Acceptance and Commitment Therapy (ACT). Dr. Hooper has served as a national trainer for the VA's CBT-SUD program as well as provided numerous workshops and trainings on the impact of trauma on mental health functioning.

Colleen Kagan, Ph.D. (she/her/hers): Dr. Kagan hails from Rockford, Illinois which is most known for being home to the third most famous member of Destiny's Child. She spent some time in Milwaukee to attend Marquette University and enjoyed the temperate winters before moving further north to attend graduate school at the University of North Dakota. Grand Forks, ND is most known for being the second coldest city in America but also has the world's largest free French Fry Fest so she considers that a solid tie. Her

research interests have always been rooted in culture and diversity and her dissertation examined the impact of cultural identity on MMPI-2 profiles in Northern Plains American Indians. While completing her internship at the VA in Topeka, Kansas she fell in love with working with the Veteran population and became indoctrinated into the cult, *clears throat* she means philosophy of recovery-oriented care. In her role as Local Recovery Coordinator and Assistant Chief of Recovery Services she works throughout the mental health service line growing our mental health recovery services and enjoys the power of being able to send out emails across the whole service line muhahahahaha! Dr. Kagan is a member of the Psychology Diversity Committee, Jesse Brown for Black Lives committee, Whole Health, and Jesse Brown LGBT Care Team, among others. Dr. Kagan is certified in Motivational Interviewing/Motivational Enhancement Therapy (MI/MET), Cognitive Processing Therapy (CPT), and Acceptance & Commitment Therapy (ACT) and is a national VA consultant for ACT. Personal interests include the Chicago food scene, comedy, and her dog Louie.

Daniel Kim, Ph.D. (he/him/his): Dr. Kim is a staff psychologist in the VISN12 Clinical Resource Hub. He obtained his Ph.D. in Clinical Psychology from Biola University and completed his pre-doctoral internship at the Long Beach VA. He has worked in community mental health and inpatient settings before joining the VA, and in PTSD and outpatient MH clinics across the VA system. He specializes in treatments for PTSD, insomnia, and couples therapy.

Julia Kogan, Psy.D.: Dr. Julia Kogan is the Primary Care-Mental Health Integration Coordinator. Dr. Kogan is involved in program administration and also sees Veterans clinically to address a variety of mild-moderate mental health and behavioral health concerns. Dr. Kogan completed her internship at the Nashville VA-Vanderbilt consortium in neuropsychology and health psychology. She completed her post-doctoral fellowship at the Miami VA, specializing in PCMHI and health promotion/disease prevention. She has research and clinical interests in prevention in primary care, including identification and brief treatment of prediabetes, early parenting interventions, and other prevention topics. Dr. Kogan is especially interested in the role of exercise and stress management in prevention and management of chronic medical conditions.

Ellen Koucky, Ph.D. (she/her/hers): I am a staff psychologist in the PTSD Clinic and serve as the Military Sexual Trauma Coordinator at the Jesse Brown VAMC. I received my M.A and Ph.D in Clinical Psychology from the University of Missouri-St. Louis. I completed my Predoctoral Internship at the Cincinnati VAMC and completed a Postdoctoral Fellowship in the VA Boston Healthcare System in the Posttraumatic Stress Disorder Track. My clinical interests include: evidence based psychotherapy, adapting trauma-focused empirically supported treatments for special populations or clinical presentations, and translating science to practice. Outside of work, I enjoy hanging out with my wife, family, and friends and walking my mopey dog Chick. You can find me trying new pizza joints, listening to music, and watching vapid TV shows I'm too embarrassed to list.

Alex Kristevski, Psy.D., ABMP: Staff Clinical Psychologist ABJ/MHC; Psy.D., The Chicago School of Professional Psychology (APA Accredited); Indiana University Student Health Center (CaPS) Clinical Psychology Internship (APA Accredited); Post-Doctoral Training ABJ/VA; Board Certified in Medical Psychology; Board Certified in Psychopharmacology; Specialty in Psychoanalytic Psychology; EMDR- Level II; Clinical Hypnosis; Biofeedback & Neurofeedback

History of Employment: Staff Clinical Psychologist with the VA Adam Benjamin, Jr. Outpatient Clinic; Direct Clinical Services: Individual psychotherapy; Health Psychology; Group and family therapy; Couples and substance abuse counseling; Disability Evaluations, i.e., Compensation & Pension Examinations (e.g., PTSD, Mental Disorders, and Neuropsychological); Milieu therapy; Psychological and neuropsychological testing; intake/triage evaluations; Clinical hypnosis, biofeedback and relaxation therapy; VA Clinical research in the area of Personality Assessment; Annual VA Police Security fitness for duty psychological examinations; Direct supervision of doctoral-level psychology students; Clinical/psychological consultation to in-house medical staff and local Vet. Centers; Assist in E.D.O.'s and hospital admissions of acute/chronic psychiatric patients to various VA facilities. Responsible for the Mental Hygiene Clinic and administrative tasks in absence of the MHC Coordinator and/or Director or Psychiatrist(s) on call. Pain consultation psychological evaluations. EAP Staff Clinical Psychologist for ABJ/MHC. Psychology service consults written to other clinical specialties when indicated, along with "standing order," of various urine drug toxicology studies and other relevant clinic consults. Dates of employment: October 9, 1990 to present.

Laura Kupperman-Caron, Ph.D.: My name is Laura Kupperman-Caron and I am currently a tele-health PCMHI Staff Psychologist located within the VISN 12 Clinical Resource Hub. I transferred from the Miami VAMC to the Jesse Brown VAMC in May 2020. I received my Ph.D. in Clinical Psychology from Nova Southeastern University and I completed a VA internship and VA fellowship at the Miami VAMC with a focus on clinical health psychology. I have widespread interest in clinical and research topics related to healthy lifestyle behaviors, substance use, PTSD, insomnia, and diversity. I have had the opportunity to work in various clinics within the VA, such as the SARRTP and general outpatient mental health, and I also have been afforded some leadership experiences within the VA. Although I am not a Veteran myself, I have several family members who have served in the armed forces and I enjoy tremendously serving our VA patient population. In regard to personal interests, I enjoy running, cooking, reading and spending time with my family.

Kenneth Lehman, Ph.D. (he/him/his): Kenneth "Andy" Lehman is the Program Director of Outpatient Services and MH Clinical Lead at the Jesse Brown VAMC. He received his undergraduate degrees at the University of Oklahoma and then completed his Ph.D. training in the University of Kansas Clinical Psychology Program. After completing his doctoral internship at the Hines VA hospital in Hines, IL, he completed a research postdoctoral fellowship in the Department of Preventive Medicine at Northwestern University's Feinberg School of Medicine, with research foci on mobile and e-health interventions, especially in the context of depression and cancer, and on

stress measurement in multiple sclerosis. He began his VA career at the Birmingham VAMC, where he served as the PTSD Telehealth Psychologist, after which he joined the Jesse Brown VA Medical Center as a staff psychologist in the Mental Health Clinic and then as the Director of Psychology Training. His current role at the Jesse Brown VAMC finds him accepting any and all challengers claiming to have found impossibly intractable systems design problems.

Patricia J. Lim, Psy.D. (she/her/hers): I have been a psychologist at JBVA since 2004 with specialty areas in Clinical Neuropsychology & Rehabilitation Psychology. My training includes: Graduate from Illinois School of Professional Psychology (1996) with Health Psychology and Neuropsychology specialization; Internship: North Chicago VA Medical Center (1994-1995); Postdoctoral Residency: Marianjoy Rehabilitation Hospital (1996-1997) Specialization: Neuropsychology- Traumatic Brain Injury Rehabilitation. Before coming to Jesse Brown VA, I worked as a neuro/rehabilitation psychologist through Rehabilitation Associates of the Midwest (1997-2004) at various major medical facilities and in a private group practice. Since coming to JBVA, I have had various roles in Outpatient Mental Health, Psychiatric Assessment Clinic, Psychosocial Residential Rehabilitation Program, and am a former Psychology Training Director. I have worked in the Neuropsychology Clinic since 2007. I have been a supervisor for the Psychology Internship Training Program since 2004. I enjoy working with veterans, families, and trainees, and am dedicated to serving physically disabled, cognitively compromised, elderly and marginalized populations. I enjoy my free time with my family/pets, meditation, and learning about cultural history. I am a 5th Dan/Master in Taekwondo (2016), and enjoy spending time with my family/pets, meditating, sleeping, exercising, cooking, learning about diverse cultures, and watching mystery/horror movies.

Jamie Mathews, Psy.D. (she/her/hers): I am the Director of Psychology Training at JBVAMC and a licensed clinical psychologist. I received my doctoral and master's degrees in Clinical Psychology from the University of Denver, Graduate School of Professional Psychology and my bachelor's degree in Theatre with a Sociology minor from Northwestern University. I completed a predoctoral internship at the Mental Health Center of Denver and a postdoctoral fellowship in Primary Care Psychology at the San Francisco VAMC. I then worked for nearly eight years in PCMHI at the Hines VA before moving into my current position in May, 2020. At Hines, I developed PCMHI services in three distinct clinics, served as the Lead Innovation Specialist for over two years through the VA Innovators Network, and was involved in training, clinical supervision, and LGBTQ+/minority health programming and outreach initiatives. My professional interests include clinical supervision, examining and reducing health disparities and minority stress, clinical telehealth, health psychology, and integrated care. Clinically, I practice from a place of cultural humility using an integrative approach to treatment. I am also passionate about addressing issues of self-care, burnout prevention, and work/life balance with trainees and staff. I serve on the Psychology Diversity Committee, the LGBTQ+ Health workgroup, and the Jesse Brown for Black Lives task force. Outside of work, I enjoy spending time with my family, friends, and two dogs, and I love to travel, cook, dance, and sing.

Andrea Mosqueda, Ph.D. (she/her/hers/ella): is the PTSD-SUD Specialist at JBVA. She received her PhD in Clinical Psychology from the Illinois Institute of Technology in 2020, completed internship at the Captain James A. Lovell Federal Health Care Center, and a PTSD-SUD-Chronic Pain Postdoctoral Fellowship at JBVA. She has held a counseling license in Illinois since 2013 working in private practice as a bilingual clinician. Her professional interests include: evidence-based psychotherapy, recovery-oriented care, PTSD, SUD, culture and diversity, acculturative stress, program development, and interprofessional/clinical training. Dr. Mosqueda conceptualizes and operates from a cognitive behavioral lens. She serves on the Psychology Diversity Committee and recently joined the JB for Black Lives Committee. She also mentors Latin@ undergraduate students interested in doctoral training and a career in clinical or counseling psychology. Her parents were born in Mexico, and her culture is an important part of her identity. Outside of work, she enjoys: spending time with family, friends, and pets (a Pitbull named Copal and a Xoloitzcuintle named Nahualito); trying new restaurants; exercising; doing different hobbies (cross-stitching, sheet metal embossing); baking; traveling; and learning about different cultures.

John Mundt, Ph.D. (he/him/his): John Mundt is the psychologist in the hospital's highly acute, crisis-focused intensive outpatient program. He is a graduate of the clinical program at University of North Carolina at Chapel Hill and completed internship at the Ravenswood Community Mental Health Center here in Chicago. Closing in on 30 years at Jesse Brown VA under his belt, John still relishes the adrenaline of crisis and trauma work, and he strives to remain idealistic, energetic, and darkly humorous. Training the next generation of clinicians is a big part of what keeps him going, and a central mission of training for John is to ensure that early-career psychologists still know how to work effectively with traumatized clients even when the evidence-based therapies and the manualized approaches don't work as promised. He believes strongly that psychologists need to be active advocates for social justice, especially when working in an inner-city setting; therapists in the Day Hospital apply this principle daily. In addition to his VA role, John's private work focuses on training law enforcement and attorneys on trauma and PTSD, and he provides civil and criminal forensic evaluation. He is a later-in-life convert to yoga and daily workouts, and his two teenagers manage to both tax and to preserve his sanity at the same time.

Peter Preonas, Ph.D. (he/him/his): I am a psychologist in the outpatient Mental Health Clinic, providing services both at JB and virtually to ABJ. I graduated from the Virginia Consortium Program and Clinical Psychology in 2020. I completed internship at Edward Hines, Jr. VA Hospital and fellowship at JBVAMC, PTSD-Pain-SUD track. I approach assessment and therapy primarily through a CBT lens, although I heavily integrate multicultural theory and emotional processing in treatment. My main clinical interests are working with trauma and substance use disorders. I am also a member of the training and psychology diversity committees. Outside of work, I enjoy listening to music, watching sports, cooking, and exploring Chicago with my dog.

Eric Proescher, Psy.D., MPH (he/him/his): Dr. Proescher is the Mental Health-SERV Psychologist, Program Manager for the Veterans Integration to Academic Leadership (VITAL) initiative, and the Alternate Program Manager for the Transition & Care Management (TCM) Program at the Jesse Brown VA Medical Center in Chicago. He received his doctorate in clinical psychology from the Illinois School of Professional Psychology – Chicago in 1999 and a master of public health degree from the University of Illinois at Chicago in 2016. He has worked in the VA healthcare system since 2005 after serving as an active duty military psychologist and medical service corps officer for U.S. Navy from 2002-2005. He has particular expertise in hypnosis/hypnotherapy, mindfulness meditation, contemporary psychodynamic theory/practice, trauma, Post 9/11 Veteran Readjustment, and integrative approaches to Veteran mental health.

Michael Quant, Ph.D.: Dr. Quant is a VISN 12 Clinical Resource Hub, PCMHI Telehealth Staff Psychologist. He received his Ph.D. from the University of Wisconsin-Milwaukee. His professional interests include integrated health psychology, behavioral medicine, mood and anxiety disorders, and diagnostic assessment. His research interests include treatment outcomes, program evaluation, and complementary and alternative Medicine. His theoretical orientation is cognitive behavioral, and he has been licensed since 2016 in Illinois and Wisconsin.

Lauren Rog, Ph.D. (she/her/hers): Dr. Rog is a clinical neuropsychologist with specialty training in cognitive rehabilitation. Her clinical areas of interest and focus within neuropsychology include MCI/dementia, movement disorders, and ADHD. She also holds interest in numerous areas of health psychology, including racial disparities in medicine and healthcare, prevention (particularly as it pertains to cerebrovascular disease and dementia more broadly), complementary/alternative and integrative medicine (e.g., yoga, plant-based diets, fitness), and health behavior change. Dr. Rog received her bachelor's degree from Lake Forest College with a double major in psychology and sociology/anthropology, and her Ph.D. in Clinical Psychology from the Illinois Institute of Technology. She completed a neuropsychology specialty track internship at the University of Florida Health Sciences Center, where she completed neuropsychological training in the following areas: movement disorders (including pre- and post-deep brain stimulation evaluations), LD/ADHD, MCI/dementia, general medical/neurological, and pediatrics. She then completed her post-doctoral fellowship at the VA Northern California Health Care System (in both Martinez and Oakland, CA) with a dual emphasis in neuropsychology and cognitive rehabilitation. She also has experience evaluating teenagers in the juvenile justice system for ADHD/LD, and worked as a staff neuropsychologist at the Orlando VAMC prior to her arrival at JBVA in 2015. Outside of work she likes to spend her time with animals (especially her German Shepherd and the 30+ stray cats on her block), getting in as much movement as possible (yoga, running, cardio kickboxing, HIIT, strength training, long walks), reading (lots of Jung lately), baking, eating, and buying more shoes (because no, she does not have enough, thank you).

Alex Schut, Ph.D., ABPP, MHA: Dr. Schut is a Clinical Psychologist and Chief of Psychology at the Jesse Brown VAMC. He received his Ph.D. in Clinical Psychology from Pennsylvania State University in 2002, where he conducted research investigating the interaction between technical and relationship factors in effective forms of cognitive-behavioral and psychodynamic psychotherapies. Dr. Schut completed his internship and post-doctoral fellowship at McLean Hospital/Harvard Medical School, where he received focused training in both individual and group cognitive-behavioral therapy, including dialectical behavior therapy (DBT), for patients with complex and severe behavioral health difficulties. As a faculty member, Dr. Schut was involved in program development of the Personality Disorders track of the Behavioral Health Partial Hospital Program and the McLean (Gunderson) Center for the Treatment of Borderline Personality Disorder. After completing intensive training in DBT, Dr. Schut expanded his private practice and also served as the Director of the Adult Intensive DBT Day-Treatment Program at Two Brattle Center in Cambridge, MA. In 2009, Dr. Schut joined the VA Puget Sound Health Care System. He initially served as a Primary Care-Mental Health Integration (PCMHI) Psychologist before becoming a Program Manager of three PCMHI programs within VA Puget Sound HCS. During his tenure he received advanced training in Prolonged Exposure for PTSD, Acceptance and Commitment Therapy for Depression, and Motivational Interviewing and also served as a national consultant for the VA in Motivational Interviewing and Motivational Enhancement Therapy as part of the VA Central Office Initiative on Disseminating Evidence Based Psychotherapies. In 2018, Dr. Schut moved to Illinois to join the Jesse Brown VAMC. He is licensed in Illinois and New York, Board Certified in Clinical Psychology, and serves as a Clinical Assistant Professor in the Department of Psychiatry at the University of Illinois at Chicago.

Kathryn Smagur, Ph.D. (she/her/hers): I am a general mental health psychologist in the VISN 12 telehealth hub and work with Veterans primarily in rural areas of Wisconsin, Michigan, and Indiana. My theoretical orientation integrates cognitive behavioral theory, attachment theory, and feminist theory. I am a consultant for the VA national CBT for depression training program. My professional interests include interpersonal trauma, PTSD and other trauma-related disorders, issues related to social justice and diversity, as well as training and supervision. I earned my PhD in Clinical Psychology with a specialization in Women & Gender Studies from Michigan State University. I completed my predoctoral internship in general mental health at the Hampton VA and my postdoctoral fellowship in women's mental health and PTSD at the Ann Arbor VA. When I'm not working as a psychologist, I enjoy watching Chicago sports (go White Sox!), cross stitching and other craft projects, and exploring new restaurants and cuisines around the city.

Rollin Socha, Psy.D. (he/him/his): In 2020, Dr. Socha begins his 10th year at JB. He previously completed an internship at North Chicago VAMC, as well as an externship at the Westside VA (JB), and then spent a couple years at the Aleda E. Lutz VA in Saginaw, MI. Dr. Socha received his Doctor of Clinical Psychology Degree from The Illinois School of Professional Psychology. He also holds a B.S. in Chemical and Petroleum-Refining Engineering from The Colorado School of Mines, Golden, CO. Away from

VA, Ron is kept quite busy by his three-year-old twins. His wife is also a clinical psychologist, so this keeps him on his toes as well.

Elizabeth Stevens, Ph.D. (she/her/hers): Dr. Elizabeth (“Libby”) Stevens is a Graduate Psychologist on the PTSD Clinical Team. She completed her Bachelor’s degree in psychology at the University of Virginia, then completed her graduate training at the University of Illinois at Chicago and her doctoral internship at the VA Puget Sound Health Care System in Seattle, Washington (Seattle VA). She continued on at the Seattle VA for postdoctoral fellowship as the Mental Health Intensive Services Fellow, where she worked in the Intensive Outpatient Program (IOP) and the Psychosocial Rehabilitation and Recovery Center (PRRC), with a focus on treating individuals with complex mental health needs, often including PTSD and suicidal ideation. Her areas of clinical expertise include assessment and evidence-based treatment of PTSD and anxiety disorders, as well as co-occurring mood, sleep, and substance use disorders. Her research interests include improving treatment outcomes, for example, using technology-based interventions (e.g., computerized cognitive bias modification, virtual reality exposure), and transdiagnostic mechanisms that contribute to the development and/or maintenance of anxiety disorders. She enjoys watching movies and musicals with her fiancé and two cats, and trying as many pizza, taco, and coffee shops as she can.

Paulette Stronczek, Ph.D.: I am currently an outpatient psychologist at the ABJ CBOC, part of the JBVA. I specialize in treating people with PTSD. I am a cognitive-behaviorist. I have been trained in PE and CPT. I have been working at the VA for 10 years. Prior to the VA, I worked in university counseling centers. I worked for eight years at Northwestern University’s Counseling and Psychological Services. My first job out of internship was at Iowa State University’s Counseling and Psychological Services where I worked for five years. At the counseling centers, I specialized in the treatment of people with eating disorders and people with PTSD. I also did a great deal of work in the area of outreach and developmental programming, including crisis intervention.

Mariana Tokar, Psy.D.: Dr. Mariana Tokar is a Licensed Clinical Psychologist and the Disruptive Behavior Program Coordinator for Jesse Brown VAMC. She was born in the Ukraine and immigrated to the United States in 1989. She is an alumna of the University of Illinois- Champaign-Urbana and the Chicago School of Professional Psychology. Prior to joining the VA, she completed her internship with and was employed by the State of Wisconsin for as a clinical psychologist. Her role at JBVA allows her to manage the administrative and clinical aspects of prevention and management of workplace violence across the JBVAMC system. She is invested and committed to the goal of achieving a workplace free from disruptive and violent behaviors while promoting the delivery of safe, effective, Veteran-centered health care. Her role includes developing programs, supporting policies, disseminating and promoting knowledge, skills, and appropriate use of evidence-based, data-driven processes for assessing, mitigating, and managing human behaviors that compromise the safety and effectiveness of the VHA health care workplace. Outside of work, she is busy with her two children, her husband, her two dogs and a bearded dragon.

Rosana Vázquez-Alcaraz, Psy.D. (she/her/hers): Dr. Vázquez-Alcaraz (or Dr. VA, as some of her patients prefer to call her) completed her doctoral degree from The Chicago School of Professional Psychology with a psychodynamic orientation and a strong emphasis on neuropsychology. During her time at TCSPP she served as a three time fellow for the Center for Latino/a Mental Health. She first became acquainted with the VA during internship at the Montana VA Healthcare System. She returned to Chicago to complete a postdoctoral fellowship in geropsychology at the Lovell Federal Health Care Center. Dr. Vazquez joined the Jesse Brown team in 2018 as the Home Based Primary Care psychologist. In this position she integrates many of her clinical interest by collaborating in interdisciplinary teams, facilitating staff consultation, and working closely with elderly Veteran and their families, while also providing traditional psychotherapy and neuropsychological/capacity evaluations. Dr. Vazquez has received VA evidence based training in chronic pain and problem solving therapy, and informal training in PE, CPT, interpersonal psychotherapy for depression, DBT, insomnia, and tobacco cessation. She is a member of the Psychology Diversity Committee and is part of the DBT program at Jesse Brown. Outside of work Dr. Vazquez enjoys cooking, assisting her daughters with their art projects and experiments, and home improvement projects. She was born in Mexico and has a strong connection to her Mexican identity. Dr. Vázquez has a master's degree in Spanish literature, and prior to becoming a psychologist she was a Spanish adjunct faculty at Loyola and JJC as well as a contract trainer of workforce Spanish. She enjoys reading magical realism and short stories in Spanish, and her favorite authors are Borges, Garcia Márquez, and Rulfo.

Matthew Waxler, Psy.D.: Dr. Matthew Waxler ("Matthew") is a psychologist in the VISN 12 telehealth hub. He earned a Bachelor's degree in business from Indiana University and a Master's degree in accounting from DePaul University and became a Certified Public Accountant. Approximately 10 years ago, Dr. Waxler embarked on a career change and went on to earn a Doctorate in Clinical Psychology from the Adler School of Professional Psychology where he focused on traumatic stress psychology. Dr. Waxler completed his internship at the Hampton VA Medical Center and a postdoctoral fellowship in posttraumatic stress disorder at the Captain James A. Lovell Federal Healthcare Center. He then worked at the William S. Middleton Memorial Veterans Hospital, Rockford Outpatient Clinic, as a PCT psychologist. Dr. Waxler's clinical focus is on traumatic stress and it's cooccurring disorders, and he has specialized in treating male and female survivors of sexual trauma experienced across the lifespan. When Dr. Waxler is not in the office, he spends as much time as he can sailing on Lake Michigan.

Grant White, Psy.D.: Dr. Grant White is the Program Manager for the Addiction Treatment Program (intensive outpatient) at Jesse Brown VA. Dr. White received his Doctorate from The Chicago School of Professional Psychology where he also taught as an Associate Professor for 18 years. Dr. White's internship was at the former Illinois State Psychiatric Institute. Dr. White has over 30 years-experience working in addictions, trauma, and with general psychiatric/psychological populations in Chicago area hospitals and Community Mental Health Agencies. Dr. White is a retired U.S. Air Force officer and served for 27 years. In addition to his current work in addictions, Dr. White is invested in issues of diversity and social justice and is currently working on a book on the

pervasive nature of racism. In his spare time, he enjoys being with his family, friends, baseball, movies, reading, and trying to learn to play his bass guitar.

Maryanne Williams Psy.D., HSPP, RDDP. (she/her/hers) : Dr. Williams is a licensed clinical psychologist and registered dual diagnosis professional. She attended The College of William & Mary where she received her BA in Psychology. Dr. Williams received her Master's in Counseling Psychology from Northwestern University 1999 and her doctorate in Clinical Psychology from the Chicago School of Professional Psychology in 2005. Dr. Williams went on to complete a postdoctoral fellowship in Health Psychology with a focus on HIV mental health, primary care and substance abuse. Dr. Williams was previously the Director of Psychology within the Care Program at Mercy Hospital and Medical Center. In 2008 Dr. Williams was honored as a Multicultural Teaching Scholar at the University of Missouri at Columbia, where she taught an introduction to Health Psychology with a focus on HIV/AIDS. Dr. Williams was also an APA – Regional Hope trainer until the program ended earlier in 2015. During her affiliation with APA she trained mental health and medical professionals about the psychosocial aspects of HIV/AIDS. Her trainings included HIV/AIDS and Older Adults, Ethics and Cultural Diversity in Clinical Practice. Dr. Williams has done numerous trainings both locally and nationally on cultural diversity and various aspects of HIV/AIDS. Dr. Williams is currently a staff psychologist at Adam Benjamin a CBOC of Jesse Brown VA.

Michael Wilson, Ph.D.: Dr. Wilson is a clinical neuropsychologist by training with broad clinical interests in the evaluation of psychiatric and neurologic disorders as well as normal personality functioning. His research interests include neurocognitive and personality correlates of substance abuse and health risk behaviors; the functional impact of neurocognitive sequelae of infectious diseases (primarily HIV and Hepatitis C); and neuropsychological underpinnings of externalizing psychiatric disorders.

Originally from the Washington, D.C. metropolitan area, Dr. Wilson earned his graduate degree in clinical psychology from the University of Illinois at Chicago in 2016. He subsequently completed a predoctoral internship in neuropsychology/rehabilitation psychology at the Minneapolis VA Polytrauma Rehabilitation Center, and a two-year fellowship in adult and geriatric neuropsychology at the Baltimore VAMC. Dr. Wilson was hired as a staff psychologist at the Adam Benjamin Jr. CBOC in October 2018, and he joined the Jesse Brown VAMC psychology staff in July 2020. He splits his time at Jesse Brown between conducting comprehensive neuropsychological assessments and supervising predoctoral trainees through the Neuropsychology Service; providing outpatient and acute inpatient psychological assessments as part of the interdisciplinary Psychiatric Assessment Clinic; and completing pre-employment psychological evaluations of VA Police Officer job applicants with Employee Health.

In his free time, Dr. Wilson enjoys spending his spare time playing with his wife and miniature pit bull; hiking and swimming around Lake Michigan; learning how to do basic car repairs from his in-laws; listening to audiobooks and podcasts about biopsychology, military history, and sci-fi/fantasy; spending way too much time on pop culture sites analyzing movies and TV shows; and playing video games online w/ his childhood friends who all live too far away to visit regularly. He also spends some of his spare time

studying for the written exam for ABPP certification in clinical neuropsychology, which is not nearly as enjoyable.



Photo of the Chicago River with buildings and a bridge in the background

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 08/30/2021

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Applicants often ask what the characteristics of a good match are with our site. In addition to the typical factors evaluated by most sites (graduate grades, honors, letters of recommendation, etc.) there are some characteristics of a good match to Jesse Brown VA. Please note that these characteristics are not uniformly to be considered "requirements," but are merely guidelines designed for helping potential applicants determine if they might find our program to be a good fit for their experiences and qualifications.

- Three or more practica or other clinical experiences, with at least one of the practica focusing on psychological or neuropsychological testing, or the applicant should have significant testing or interviewing experiences in 2 or more practica
- Over 1500 practicum hours total
- Dissertation is proposed, with a reasonable plan in place for completing data collection by late August of the internship year
- Substantial, if not most, clinical experience with adults
- Demonstrated interest (obvious through the applicant's clinical and/or research experience) in at least one major clinical training area available at JBVAMC
- Clinical and/or research experience in working with disadvantaged populations
- Clinical and/or research experience with racially and ethnically diverse populations
- Clinical experience and coursework appropriate for the track of interest
- Adequate experience in administration of measures, such as MMPI-2 RF, PAI, MCMI-III, and WAIS-IV
- Adequate experience in writing psychological testing reports, preferably with at least 10 integrated adult reports for General Track applicants

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	¥	Amount:
Total Direct Contact Assessment Hours	N	¥	Amount:

Describe any other required minimum criteria used to screen applicants:

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* The flu vaccine is required unless medical or religious justification is provided.
https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8959
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you

have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Additional Program Requirements:

Psychology Interns must be doctoral students in good standing at an APA-accredited graduate program in

clinical or counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in clinical or counseling psychology are also eligible to apply. Applicants must also be approved for internship status by their graduate program training directors.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner.

VA Drug-Free Workplace Program

Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure.

As you should already know:

- **All** VHA HPTs are exempt from pre-employment drug-testing.
- **Most** VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
- **All** VA employees appointed to a TDP (including HPTs) must sign a *Random Drug Testing Notification and Acknowledgement Memo*.
- **All** HPTs in TDPs are subject to the following types of drug testing:
 - Random;
 - Reasonable suspicion;
 - Injury, illness, unsafe or unhealthful practice; and
 - Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

- VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. *Contact the local VHA HR office for more information about EAP.*
- VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
- Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.

Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.

However, be aware that VA will initiate **termination** of VA appointment and/or dismissal from VA rotation against any trainee who:

- Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
- Refuses to be drug tested.

Additional Information and Resources:

- Drug Free Workplace Program (DFWP) Helpline 1-800-967-5752
- VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp>
- VA Publications: <https://www.va.gov/vapubs/>
 - VA Handbook 5021, Employee-Management Relations
 - VA Handbook 5383, Drug-Free Workplace Program

VHA Office of Academic Affiliations, September 2019

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns (ESTIMATED BASED ON FY2021)	\$29,164	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	108	
Hours of Annual Paid Sick Leave	108	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): life insurance, public transit subsidy, medical library, tort liability coverage, dental and vision insurance		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	16	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic	1	1
University counseling center	1	
Veterans Affairs medical center	5	
Military health center	1	
Academic health center	5	
Other medical center or hospital		
Psychiatric hospital		
Academic university/department	1	
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other	1	
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Program Point of Contact

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Photo of Chicago skyline at sunset taken from Lake Michigan

Photo of Jesse Brown VAMC exterior on page 1: <https://www.chicago.va.gov/>

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